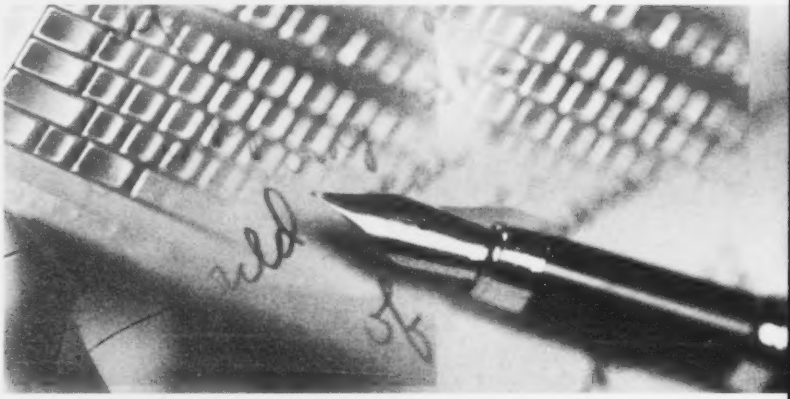
RESEARCH REPORT

TRANSITIONAL HOUSING: OBJECTIVES, INDICATORS OF SUCCESS, AND OUTCOMES



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Final Report

Transitional Housing
Objectives, Indicators of Success, and Outcomes

January 2004

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Submitted to the Canada Mortgage and Housing Corporation

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February 2004

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TRANSITIONAL HOUSING: OBJECTIVES, INDICATORS OF SUCCESS, AND OUTCOMES

INTRODUCTION

Some homeless adults, youth, and families require support as well as housing to stabilize their lives, perhaps due to histories of abusive treatment, addictions, mental health problems, or lack of employment skills. Transitional housing is intended to offer a supportive living environment and tools and opportunities for social and skills development. Several federal government programs are funding the development of new transitional housing projects to address homelessness, but there is little research that assesses the effectiveness of this model.

METHODOLOGY

This report is based on a review of the literature focused on the program objectives, indicators of success, and outcomes of transitional housing, as well as nine case studies. Appended to the report is a partial inventory of more than 75 transitional housing projects across Canada.

Case Studies

Projects that reflect a range of housing form and living arrangements, program models, and target groups were selected from a cross-country inventory of transitional housing. They range from detached houses and self-contained units to single rooms with shared facilities. Some have highly structured programs with mandatory attendance for a fixed maximum time period, while others have open-ended stays and are flexible in their approach.

The groups served by the nine case study projects include:

- Aboriginal male youth with addictions issues,
- single women,
- mixed singles with addictions, psychiatric disabilities, or who are HIV+,
- single women and transgendered persons engaged in prostitution,
- seniors leaving abusive situations,
- refugees,
- single mothers, and
- young pregnant women.

Where outcome data was available, from 66% to 90% of the residents moved to permanent housing or achieved other forms of success.

Each of the case studies includes a description of the program and program site, program objectives, requirements of participants, number of residents, lengths of stay, funding sources, measures of success, documented outcomes (where available), and program issues and challenges, as well as a contact source for more information. The projects studied are:

- Lookout Emergency Aid Society, Vancouver
- Princess Rooms, Vancouver
- Crossroads Duplex, Edmonton
- The Edmonton Seniors Safe House
- Beatrice House, Toronto
- Native Child and Family Centre of Toronto
- Romero House, Toronto
- Appartements supervisés Augustine Gonzalez, Montreal
- Le Chaînon – Transition Unit and Maison Yvonne-Maisonneuve, Montreal

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FINDINGS

Transitional Housing Models

Transitional housing is conceptualized as an intermediate step between emergency crisis shelter and permanent housing. It is more long-term, service-intensive, and private than emergency shelters, yet remains time-limited to stays of three months to three years. It is meant to provide a safe, supportive environment where residents can overcome trauma, begin to address the issues that lead to homelessness or kept them homeless, and begin to rebuild their support network.

Program models range from medical treatment to community economic development. They tend to cluster at the ends of a continuum from service-intensive facilities with rigorous expectations of residents ("high demand" programs) to programs with flexible requirements and optional services ("low demand"). Transitional housing is distinguished from supportive housing primarily in its length of residency – supportive housing is permanent.

Groups who have reportedly benefited from transitional housing include:

- those who are recovering from traumas;
- those who have a background of multi-generational poverty and lack a supportive social network;
- emancipated youth, or adults coming from institutions with little or no independent living experience;
- young mothers and pregnant teenagers;
- immigrants;
- those needing education and job skills; or
- those who have on-going service needs due to mental or physical health problems or disabilities, addictions, or are HIV positive.

In the United States, federal funding has fueled the development of well over 500 transitional housing projects for homeless singles and families over the past two decades. Many communities continue to build transitional housing, although the model's critics view it as institutional, stigmatizing, and a drain on resources better used for permanent housing. Certainly, the model's success is predicated on the availability of move-on permanent housing and supportive community-based services.

Objectives and Indicators of Success

The overall objective of transitional housing is to provide people with the structure and support they need to address critical issues necessary to maintain permanent housing and maximize self-sufficiency. At minimum, it is hoped that program 'graduates' will not use the emergency shelter system or become homeless again.

Programs vary in their demands and expectations of residents according to the subgroup served, how barriers to stable housing are conceived, and how those barriers can be practically overcome. This is reflected in eligibility criteria, the extent and rigidity of rules and restrictions, and the basis for involuntary program discharges. Programs that focus on behavioural change or treatment usually mandate participation in daily program activities and require applicants to demonstrate motivation. Programs that focus on access to services are more flexible about program compliance, more forgiving, and less structured.

The wide range of program objectives has implications for evaluation purposes. To the extent that objectives differ, programs are unique and cannot be compared with each other. Since all programs aim to improve housing status, that aspect is comparable, although it may be measured in different ways.

Commonly applied indicators of success are:

- stable residency, once permanent housing is provided;
- greater reliance on employment rather than income support programs; and
- increased income from employment or welfare programs.

Program evaluators have used different definitions and measures of 'housing success'. Some simply ascertain that participants do not return to a shelter on program exit; others distinguish post-program housing type and living arrangements. There is disagreement on the value of some outcomes, such as moving in with family or friends. And very few studies have determined former residents' housing situations beyond a follow-up period of 3 to 12 months, so long-term housing stability has rarely been defined or measured.

Other indicators of increased self-sufficiency (usually meaning financial independence) have been applied, such as obtaining employment and upgrading education credentials. More specific behavioural changes and improvements may be measured, such as parenting and household management skills, psychological well-being, social skills, family relationships, reduced hospitalizations, and maintaining sobriety.

Program Outcomes

Two Canadian studies evaluated transitional housing projects for families and found mixed results. Both stressed the need to provide subsidized permanent housing and transitional support services so that families could develop stable social connections and neighbourhood supports.

Virtually every evaluative study of transitional housing has demonstrated some degree of post-program improvement in housing status and a significant reduction in the number of residents who return to a state of homelessness on exiting the program. Overall, about half of participants go on to permanent housing. More of those who complete their programs obtain housing than those who leave before the end of the program.

Projects that are able to provide subsidized housing or housing subsidies for their graduates have higher rates of success in terms of achieving permanent housing. All programs offer assistance in locating and obtaining housing, but not necessarily housing that is affordable or desirable to participants.

It is unknown whether improvements in housing status are maintained over the long term. But the small number of studies that have followed former residents, usually for a period of three to twelve months post-program, have generally shown a small degree of drop-off in housing status during that relatively brief time.

Improvements in financial and employment status have been modest, especially among families. A variety of other changes in behaviour, acquisition of skills, or health status have been reported. Whether transitional housing is the best means of promoting such change is unknown.

SUGGESTED AREAS FOR FUTURE RESEARCH

The knowledge base for transitional housing practice and research is still too limited to ascertain which practices and program models are most effective in helping formerly homeless people to stay adequately housed. Published studies frequently lack control or comparison groups. Long-term effects of transitional housing and the impacts of various types of case management are unknown.

CONCLUSIONS

The research indicates the following:

- Transitional housing programs are more effective than services alone.
- There is evidence of short term success in improving housing status.
- Other improvements are varied and modest.
- There is very limited experience and research on transitional housing in Canada.
- Permanent housing and community services are critical to the success of transitional housing.
- It appears that the Canadian experience of transitional housing projects differs in some respects from that of the United States: on a proportional basis, there are fewer projects for families than individuals, more projects for youth than adults, and more programs that are flexible and focus on access to services rather than individual behavioural change.

LE POINT EN RECHERCHE

Février 2004

Séries Socio-économique 04-017

LOGEMENTS DE TRANSITION : OBJECTIFS, INDICATEURS DE SUCCÈS ET RÉSULTATS

INTRODUCTION

Certains adultes, des jeunes et des familles sans abri ont besoin non seulement de logement, mais aussi de soutien pour stabiliser leur vie, peut-être parce qu'ils ont connu la violence, la toxicomanie, des problèmes de santé mentale ou parce qu'ils n'ont pas suffisamment de compétences pour trouver un emploi. Le logement de transition a pour objet d'offrir un milieu de soutien, des outils et des occasions de développement social et de perfectionnement des compétences. Divers programmes du gouvernement fédéral financent l'élaboration de nouveaux projets de logement de transition à l'intention des sans-abri, mais il existe peu de données sur l'efficacité de ce modèle.

MÉTHODOLOGIE

Ce rapport est fondé sur une analyse documentaire des objectifs des programmes, des indicateurs de succès et des résultats du logement de transition, et sur neuf études de cas. Le rapport présente en annexe un inventaire partiel de plus de 75 ensembles de logement de transition d'un bout à l'autre du Canada.

Études de cas

À partir d'un inventaire pancanadien des ensembles de logement de transition, on a choisi des établissements qui reflètent une gamme de types de logement et de modes de vie, de modèles de programmes et de groupes cibles. Il peut s'agir de maisons individuelles, de logements autonomes, ou de chambres individuelles avec des installations communes. Certains disposent de programmes très structurés avec participation obligatoire pour une période maximale fixe, tandis que d'autres offrent des programmes ouverts et flexibles.

Les groupes servis par les neufs ensembles visés par les études de cas sont notamment :

- les jeunes hommes autochtones toxicomanes;
- les femmes seules;
- les personnes seules, toxicomanes, qui ont des déficiences psychiques ou qui sont séropositives;
- les femmes seules et les personnes transgenderistes qui se livrent à la prostitution;
- les personnes âgées qui quittent des situations de violence;
- les réfugiés;
- les mères seules;
- les jeunes femmes enceintes.

Les résultats disponibles indiquent qu'entre 66 % et 90 % des résidents ont déménagé dans un logement permanent ou ont atteint d'autres formes de réussite.

Chacune des études de cas décrit le programme et son site, les objectifs du programme, les obligations des participants, le nombre de résidents, la durée des séjours, les sources de financement, les mesures de réussite, les résultats documentés (quand il y en a), les questions et les défis des programmes et une personne-ressource pour plus d'information. Les établissements étudiés sont les suivants :

- Lookout Emergency Aid Society, Vancouver
- Princess Rooms, Vancouver
- Crossroads Duplex, Edmonton
- The Edmonton Seniors Safe House
- Beatrice House, Toronto
- Native Child and Family Centre of Toronto
- Romero House, Toronto
- Appartements supervisés Augustine Gonzalez, Montréal
- Le Chaînon – Service de transition et Maison Yvonne-Maisonneuve, Montréal

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CONSTATATIONS

Modèles de logement de transition

Le logement de transition est considéré comme une étape intermédiaire entre la maison d'hébergement d'urgence et le logement permanent. Le séjour dure plus longtemps, les services y sont plus nombreux et l'endroit est plus intime que les maisons d'hébergement d'urgence, mais la durée du séjour demeure limitée entre trois mois et trois ans. Il a pour objet d'offrir un milieu sûr et avec du soutien où les résidents peuvent se remettre d'un traumatisme, commencer à traiter les problèmes qui les ont menés vers l'itinérance ou qui les y maintiennent, et commencer à reconstruire leur réseau de soutien.

Les modèles de programmes varient du traitement médical au développement économique communautaire. Ils ont tendance à se retrouver au bout d'un continuum, comportant des programmes de services intégrés où les résidents ont des attentes rigoureuses (programmes exigeants) et aussi des programmes dont les exigences sont flexibles et dont les services sont optionnels (programmes peu exigeants). Le logement de transition se distingue du logement avec services de soutien principalement en ce qui a trait à la durée du séjour – le logement avec services de soutien est permanent.

Les groupes qui disent avoir profité du logement de transition sont notamment les suivants :

- les personnes qui se remettent de traumatismes;
- les personnes qui ont des antécédents de pauvreté multi-générationnelle et qui n'ont pas de réseau social pour les soutenir;
- les jeunes émancipés, ou les adultes qui sortent d'institutions en n'ayant jamais ou que très peu vécu de façon autonome;
- les jeunes mères et les adolescentes enceintes;
- les immigrants;
- les personnes qui ont besoin d'éducation ou de compétences professionnelles;
- les personnes qui ont un besoin continu de services à cause de problèmes de santé mentale ou physique, ou parce qu'elles sont handicapées, toxicomanes ou séropositives.

Aux États-Unis, le financement fédéral a permis l'élaboration de plus de 500 projets de logement de transition pour les personnes et les familles sans abri au cours des deux dernières décennies. Beaucoup de collectivités continuent de construire du logement de transition, même si les critiques du modèle considèrent qu'il est institutionnel, stigmatisant et qu'il siphonne des ressources qui serviraient mieux au logement permanent. La réussite du modèle est fondée assurément sur la disponibilité du logement permanent après le logement de transition et sur la prestation de services communautaires de soutien.

Objectifs et indicateurs de succès

Le grand objectif du logement de transition consiste à offrir aux personnes la structure et le soutien dont elles ont besoin pour s'occuper des questions essentielles pour maintenir un logement permanent et devenir aussi autosuffisantes que possible. On espère au moins que les « diplômés » du programme n'utiliseront pas les refuges et ne redeviendront pas sans abri.

Les exigences des programmes et les attentes des résidents varient selon le sous-groupe servi, la nature des obstacles au logement stable et les façons d'en venir à bout. Cela se reflète dans les critères d'admissibilité, dans la portée et la rigidité des règles et des restrictions et dans le motif des sorties involontaires du programme. Les programmes axés sur la modification du comportement ou sur le traitement obligent habituellement la participation à des activités quotidiennes et exigent que les demandeurs fassent preuve de motivation. Les programmes qui portent principalement sur l'accès aux services sont plus flexibles quant au respect des exigences, plus indulgents et moins structurés.

La vaste gamme des objectifs des programmes a des répercussions sur l'évaluation. Dans la mesure où ils n'ont pas les mêmes objectifs, les programmes ne sont pas comparables. Comme tous les programmes veulent améliorer la situation de logement, cet aspect est comparable, mais il peut être mesuré de différentes façons.

Les indicateurs communs de réussite sont les suivants :

- stabilité de résidence une fois en logement permanent;
- plus grande dépendance envers l'emploi qu'envers les programmes de soutien du revenu;
- augmentation du revenu grâce à l'emploi ou aux programmes de bien-être social.

Les évaluateurs de programme ont utilisé des définitions et des mesures différentes de « la réussite en matière de logement ». Certains vérifient simplement si les participants retournent dans un refuge à leur sortie du programme; d'autres distinguent le type de logement et le mode de vie après le programme. La valeur de certains résultats fait l'objet d'un désaccord, comme le fait de s'installer dans la famille ou chez des amis. Et très peu d'études ont déterminé les situations de logement des anciens résidents au-delà d'une période de suivi de trois à douze mois, ce qui fait que la stabilité du logement à long terme a rarement été définie ou mesurée.

D'autres indicateurs d'augmentation de l'autosuffisance ont été appliqués (ce qui signifie habituellement l'indépendance financière), comme l'obtention d'un emploi et le perfectionnement des connaissances scolaires. Des modifications et des améliorations plus précises de comportement peuvent être mesurées, comme les compétences parentales et celles qu'il faut pour administrer la maison, ainsi que le bien-être psychologique, les aptitudes sociales, les relations familiales, la réduction de la fréquence des hospitalisations et le maintien de la sobriété.

Résultats des programmes

Deux études canadiennes ont évalué des ensembles de logement de transition pour les familles et ont révélé des résultats variés. Les deux études ont souligné la nécessité de fournir du logement permanent subventionné et des services de soutien pour que les familles puissent forger des liens sociaux stables et trouver du soutien dans le quartier.

À peu près toutes les études évaluatives du logement de transition ont démontré un certain degré d'amélioration de la situation du logement après le programme et une réduction considérable du nombre de résidents qui retournent à l'itinérance à leur sortie du programme. Dans l'ensemble, environ la moitié des participants accèdent au logement permanent. Ceux qui vont jusqu'au bout du programme sont plus nombreux à trouver un logement que ceux qui quittent avant la fin.

Les programmes pouvant fournir du logement subventionné ou des subventions au logement à leurs « diplômés » réussissent plus facilement à placer ces derniers dans un logement permanent. Tous les programmes offrent de l'aide pour trouver et obtenir du logement, mais pas nécessairement un logement abordable ou désirable pour les participants.

On ignore si les améliorations de la situation du logement sont maintenues à long terme. Mais le petit nombre d'études qui ont suivi les anciens résidents, habituellement pour une période de trois à douze mois après le programme, ont démontré en général un degré peu élevé d'abandon de la situation de logement au cours de cette période relativement brève.

Les améliorations de la situation financière et de la situation d'emploi ont été modestes, particulièrement chez les familles. Une gamme d'autres modifications du comportement, d'acquisitions de compétences ou de transformations de l'état de santé ont été rapportées. Il reste à déterminer si le logement de transition est la meilleure façon de promouvoir de tels changements.

VERS OÙ ORIENTER LA RECHERCHE

La base de connaissances sur la recherche et l'expérience concernant le logement de transition est encore trop limitée pour permettre de déterminer les pratiques et les modèles de programmes les plus efficaces pour aider les personnes qui ont déjà été sans abri à continuer de se loger convenablement. Les études sont souvent publiées sans être fondées sur des résultats émanant de groupes de référence ou de comparaison. On ignore les effets à long terme du logement de transition et les incidences de divers types de gestion de cas.

CONCLUSIONS

L'étude révèle ce qui suit :

- Les programmes de logement de transition sont plus efficaces que les services offerts seuls.
- On constate une amélioration à court terme de la situation en matière de logement.
- D'autres améliorations sont variées et modestes.
- L'expérience et l'étude du logement de transition sont très limitées au Canada.
- Le logement permanent et les services communautaires sont cruciaux pour la réussite du logement de transition.
- Il semble que l'expérience canadienne des ensembles de logement de transition diffère sous certains aspects de celle des États-Unis. En proportion, il y a moins d'établissements pour les familles que pour les particuliers, plus d'ensembles pour les jeunes que pour les adultes et plus de programmes flexibles et axés sur l'accès aux services plutôt que sur le changement dans le comportement individuel.

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Transitional Housing

Objectives, Indicators of Success, and Outcomes

1.0 Introduction

There is a growing recognition that some adults, youth, and families who have experienced homelessness need support as well as housing in order to stabilize their lives. Histories of abusive treatment, residential instability, addictions, and mental health issues frequently add to the trauma of homelessness itself. Transitional housing is intended to offer a supportive living environment, opportunities, and tools for skill development, and promote the development of community among residents. These can be critical factors in enabling people to participate in employment or training programs, enroll in educational facilities, address addiction or mental health issues, and ultimately move on to independent living in the larger community.

Examination of the transitional housing model is timely. Since December 1999, several federal programs — Supporting Communities Partnership Initiative (SCPI), Shelter Enhancement Program (SEP), and Residential Rehabilitation Assistance Program (RRAP)[i] — have funded the development of new transitional housing projects for people who are homeless or at risk of homelessness, including Aboriginal people, youth, women, men, families, and people with health problems of severe mental illness and addictions.[ii] These new programs add to the unknown number of transitional housing programs that have been serving similar populations across the country.

Although the transitional housing concept is increasingly being applied to help people 'exit' homelessness, there is no single program model. In practice, just as those affected by homelessness are a heterogeneous lot, transitional housing projects vary widely in the groups served, the goals adopted, the types and levels of services provided, and the outcomes expected.

Beyond a description and discussion of the transitional housing concept, the focus of this report is the range of program objectives, indicators of success, and outcomes. The report consists of two major parts: 1) a review of the literature and 2) descriptive case studies of transitional housing projects in Canada. We have appended the preliminary inventory of projects from which we selected the case studies.

2.0 Literature Review

2.1 What is Transitional Housing?

Transitional housing is conceptualized as an intermediate step between emergency crisis service, and long-term permanent housing. It is more long-term, service-intensive, and private than emergency shelters, yet remains time-limited to stays from three months to three years[iii] (Barrow and Zimmer 1999). It is intended for people who are in need of some degree of structure, support, supervision, and skill building in order to move from homelessness into stable, permanent housing. It provides an intermediate step for people who need a safe, supportive place where they can overcome trauma, begin to address the issues that lead to homelessness or kept them homeless, and begin to rebuild their support network (Nesselbuch 1998).

Transitional housing programs are usually building-specific and offer residents less private space than in permanent housing (Sprague 1991b). Building form and living arrangements run the gamut from dormitories to shared rooms with common facilities, single room occupancy hotels, dedicated apartment buildings, and scattered-site apartments.

The services are often provided on site or through community partners, typically include case management, and range from alcohol and drug abuse treatment to financial counseling and employment services. Some also provide specialized services for childcare, domestic violence counseling, and HIV/AIDS (Burt et al. 1999). As residents become stabilized, the program is expected to help them find permanent housing (Burt et al. 2002).

In practice, the identification of transitional housing is not always straightforward. Transitional housing ranges from residential treatment programs to scattered site housing with flexible support service arrangements, and the service models range from medical treatment programs to community economic development projects (Sprague 1991a).

Programs tend to cluster at the ends of a continuum from service-intensive facilities with rigorous expectations of residents (i.e., high demand) to programs with flexible requirements and optional services (i.e., low demand). Low demand transitional housing programs are often designed for chronically homeless individuals and added to outreach or drop-in services; high demand programs are generally designed for families and individuals with multiple problems (Barrow and Zimmer 1999).

The distinction between emergency shelter services and transitional housing may become blurred when shelter stays lengthen. For example, there is currently no standard length of stay in Toronto shelters, and it is not uncommon for families to stay up to one year. Shelters are becoming "more specialized and flexible to meet new needs within the homeless population. The shelter system today includes more transitional shelters, specialized programs such as harm reduction, and a wide variety of supports and services" (City of Toronto 2002: 4).

Transitional housing also resembles supportive housing. Novac and Quance (1998) distinguish transitional from supportive housing only in terms of length of residency — supportive housing is permanent. Both models encompass a combination of housing and support service provision that varies in terms of housing form, type and level of support services, target population, and relationship between the housing provider and the support service provider, if different. They differ in that transitional housing is a stage in a progression from which residents are expected to 'graduate' to more independent or 'normal' housing (Barrow and Zimmer 1999). There is an assumption that some kind of personal change will occur. Another difference is that supportive housing residents commonly have full tenure rights. Residents of transitional housing are expected or forced to vacate when they have completed the program and can be 'disenrolled' (in effect, evicted) at any point if they violate the program's rules or do not fulfill its expectations. It is typical to require residents to agree to a contractual requirement to work towards particular goals during their stay (Sprague 1991b).

The distinction between transitional housing and residential treatment programs of recovery and rehabilitation is also conceptually murky, in part due to the high prevalence of severe mental illness and substance abuse among the visibly homeless (Barrow and Zimmer 1999).

Other terms used for transitional housing include *second stage* or *bridge* housing and *service-enriched housing*. Sprague (1991a) uses the term *lifeboats* to describe transitional housing projects designed for single mother families, many of them homeless because of family violence. In Canada, the term 'second stage housing' is applied to transitional housing for women who have come from family violence shelters.[iv] Although similar in many respects, this latter type of transitional housing will not be considered in this report.

2.2 Who Does it Serve?

The need for transitional housing for people in certain circumstances is not new. Victims of crises or family violence, substance abusers, persons with chronic medical problems, immigrant populations, and deinstitutionalized persons of all ages have traditionally required transitional housing on the road to independent community living. Halfway houses, independent living programs, and homes for unwed mothers are all familiar examples of transitional programs (Sprague 1991b).

According to Nesselbuch (1998:2), groups who have benefited from the longer time frame and targeted services provided by transitional housing include those who:

- are recovering from traumas such as domestic violence or extended homelessness;
- have a background of multi-generational poverty and do not have a kinship network or role models to support their move to self-sufficiency;
- are emancipated youth or younger adults coming out of institutions or having little or no independent living experience;
- are in need of education and job skills in order to obtain an income level sufficient to afford housing; or
- have other on-going service needs such as mental health problems, drug or alcohol treatment, or HIV / AIDS.

Sprague (1991b) identified additional groups who are assisted by transitional housing that provides peer support, life skills training, or extensive supervision:

- young mothers and pregnant teenagers
- physically or mentally disabled persons
- those leaving prison
- immigrants

The first major survey of transitional housing programs in the United States showed the majority of them serve more than a single client group. Of those that specialize, most serve people with a mental health and / or addiction problem; the other major groups in descending order of frequency are abused women, families, youth, and people with HIV / AIDS (Burt et al. 1999).

Transitional housing is considered more appropriate for some groups than others. People in recovery from substance abuse was the group most frequently named by service providers as needing the transitional environment, at a minimum to keep them from returning to neighborhoods and acquaintances where they would have trouble avoiding drugs and alcohol. U.S. policy and funding programs have favoured the provision of transitional housing for homeless families, but families are increasingly being placed in permanent housing units coupled with supportive services until their crisis has passed (Burt et al. 2002).

In more general terms, Burt et al. (2002: 41) characterizes transitional housing programs as "interim placement for persons who *are not ready* or *do not have access* to permanent housing" (emphasis added). Achieving 'housing readiness' implies individual change in behaviour or circumstances; this is the essence of the concept and purpose of transitional housing. But to what extent do transitional housing programs temporarily house people who simply lack access to permanent housing? This question reveals the core debate on the transitional housing model.

2.3 A Model under Debate

Transitional housing that is explicitly designed to help people who are homeless or at risk has operated for more than two decades in the United States. It continues to be developed for this purpose, but some communities are having second thoughts on the importance, role, and appropriate clients of transitional housing and prefer to offer permanent housing with transitional support services (Burt et al. 2002). Communities with exceptionally low vacancy rates and very little affordable housing tend to place a higher priority on the need for developing transitional housing. In other words, increased reliance on transitional housing can be an outcome of insufficient affordable housing units (Nesselbuch 1998).

As a remedy for homelessness, transitional housing is controversial. While proponents consider it the best way to ensure that homeless families and individuals get the services that will enable them to attain and sustain self-sufficiency as well as permanent housing, critics view it as stigmatizing and a drain on resources better used for permanent housing (Barrow and Zimmer 1999). Placing the emphasis on transitional support services rather than temporary housing appears to resolve much of the criticism.

> Many of the concerns raised by critics are addressed in newer models of transitional housing that assist people in accessing permanent housing and then provide transitional support services to enhance stability and self-sufficiency. Based on the experience thus far, these new models seem to provide an effective way to assist people in the transition from homelessness without putting them in an artificial, institutional living environment (Nesselbuch 1998: 5).

Upon reviewing strategies used in European countries, Harvey (1999) distinguished three models of homeless resettlement strategies and their effectiveness:

- *normalization,* which moves people directly into normal housing;
- *tiered,* which provides one or more stages before moving to normal housing; and
- *staircase of transition,* a series of stages, with sanctions in progress toward normal housing.

The normalization model denies or downplays any personal problems among homeless people and opposes the notion of transitional housing. In Germany, most participants have adapted to their new environments with little or no difficulty; only a minority of residents required occasional intensive crisis support.

The tiered model assumes that transitional housing is necessary for some homeless people. Scattered site supervised apartments are used for a few months up to two years before participants are moved to permanent housing. In Vienna, 84% of the participants achieved residential stability and 30% obtained employment (the local unemployment rate was low at the time).

A typical staircase process includes an assessment stage while staying in a shelter, followed by two stages of transitional housing (e.g., six months in a 'training' apartment, then one year in an ordinary apartment), and finally, a move to a regular apartment with full tenancy rights. With each step in the process, the level of support services decreases and the level of tenancy rights increases. Tenants who have difficulties or cause problems may be 'demoted.' Social workers may enter units for inspections (e.g., drug testing), and programs may include mandatory work plans. The outcomes for participants have been mixed. Many homeless people stay stuck at the bottom of the ladder. Other homeless people remain stuck at the top, still subject to contractual agreements with private sector landlords who are reluctant to relinquish control by granting tenants full rights. Levels of homelessness were not reduced in the Swedish cities that adopted the staircase system.

Harvey argues in favour of the normalization model (which he believes may be the most effective overall in reducing institutionalization) and against the staircase model (which directly tackles the management issues of capacity for independent living, 'difficult' tenants, and anti-social behaviour, but is fairly intrusive). He concedes that the tiered model is the most common and can be effective, especially when employment status can be improved.

What Harvey calls the tiered model best approximates the North American model of transitional housing. Each of the re-settlement models described by Harvey provides participants with permanent housing on program completion. While all transitional housing programs in North America provide participants with assistance in locating and obtaining permanent housing on program completion, they do not all provide affordable, permanent housing; this would appear to be a key distinction in success rates.

2.4 Program Objectives

The overall objective of transitional housing is to provide people with the structure and support they need to address critical issues necessary to maintain permanent housing and maximize self-sufficiency. At minimum, it is hoped that 'graduates' will not use the emergency shelter system or become homeless again.

In more specific terms, transitional housing programs vary considerably in their demands and expectations of participants. This varies with the subgroups targeted for services, the way barriers to stable housing are conceived and approached, and the operant philosophy about how to overcome those barriers (Barrow and Zimmer 1999).

Some programs are quite flexible about what participants should do or accomplish during their stay. Some low demand programs that are designed to get chronically homeless people off the street initially focus on attracting participants and then only gradually encourage them to alter their behaviour, such as improving hygiene and accepting health care services. For example, a major objective of one such program is to re-engage clients with the mental health system (Blankertz et al. 1992). Other programs have a fairly regimented core of activities in which participation is mandatory. They typically have caseworkers who may also establish individualized or tailored goals for participants.

In many programs, participants are required to perform the following kind of activities (Nesselbuch 1998):

- open a savings account and initiate a savings plan;
- request a copy of their credit report as soon as they enter the program;
- participate in education, job training, or employment services;
- for clients with mental health disabilities, receive mental health services as recommended by a mental health professional; and
- for clients in recovery, participate in drug and alcohol programs.

Programs for families usually try to promote better parenting; the parents' abilities may be considered weak or challenged by the circumstances of 'parenting in public' and the behavioural problems common among homeless children.

Some family programs have objectives specifically for children. A transitional housing program for families in Calgary includes two objectives for children: to improve their school performance and diminish their involvement with the law (Datta and Cairns 2002).

Family reunification may be a program objective. An innovative transitional housing project in New York City is designed to reunite children with their mentally ill homeless parents after lengthy separations (Emerson-Davis 2000).

Strengthening social networks and improving community connection may be included in program objectives. A Canadian program for refugee families was designed to increase the size of families' community social networks and reduce their sense of isolation (Wiltshire 1993).

This wide range of program objectives has implications for evaluation purposes; to the extent that objectives differ, programs are unique and cannot be compared against each other. Since all programs aim to improve housing status, that aspect is comparable, although it may be measured in different ways.

2.5 Indicators of Success

Not surprisingly, since the predominant or underlying goal of transitional housing is to increase economic self-sufficiency, the most commonly applied indicators of participants' success are:

- stable residency, once permanent housing is provided;
- greater reliance on employment earnings, rather than income support programs; and
- increased income from employment or benefit programs.

2.5.1 What Constitutes Stable Residency or 'Exit' from Homelessness?

Researchers have applied different definitions of 'housing success' to evaluate the outcomes of transitional housing programs. In many studies, achieving stable residency simply means not using a shelter again. Frequently, this determination is made when residents leave a program. Few evaluations have attempted to determine former residents' housing situation beyond a follow-up period of 3 to 12 months, so long-term housing stability has rarely been defined or measured.

Wearne and Johnson (2002) argue that ultimately the type of accommodation secured on leaving transitional housing is the best measure of a program's success, with long-term housing generally regarded as the best possible outcome. But what qualifies as 'long-term housing'? And what constitutes adequate housing? Griggs and Johnson (2002) cite an Australian study of transitional housing in which 10% of the residents moved to trailer parks or hotels and argue that this should not be considered an adequate housing outcome.

Griggs and Johnson (2002) also question the validity of conventional exit point data (i.e., no recurrent use of the homeless service system and the housing outcome immediately following service intervention) as adequate measures for evaluating transitional housing programs. They recommend the creation of an objective hierarchy of housing outcomes; the measurement of non-housing related outcomes, such as improved health; and the use of longer-term outcome measures, especially as homelessness tends to reflect a state of long-term housing instability.

Stern (1994) remarks on the lack of clear operational, and thereby measurable, definitions of terms such as 'adequate housing' and notes that while some housing options are obviously desirable, such as a family renting or owning their own apartment, other options are not as clearly desirable. For example, Dordick (2002) discounted the outcomes of one small program because most of the residents moved in with family or friends. To press the point, Stern (1994) asks: would moving into an overcrowded house with relatives, while potentially permanent, be acceptable?

Barring the 'overcrowded' qualifier, Fischer (2000) considers this an acceptable housing solution, at least for certain groups. On the premise that not everyone is able to establish an independent household, he argued that moving in with family or friends was the best possible outcome for some of the young mothers in the transitional housing project he studied. He concluded that transitional housing served as a temporary, yet stable, environment from which the young mothers could mend or build relationships that could sustain them in future. Despite his recognition that family violence was a precipitating factor for some of the families' homelessness, he made no mention of it within the context of outcomes.

But, when a meta-evaluation of about 500 transitional housing programs reported that the number of former residents that left to live with friends or family almost doubled (from 12% to 21%), Matauf et al. (1995) admitted that this outcome could be interpreted either positively (reunification of children and parents) or negatively (could involve an overcrowded situation, domestic violence, or indicate lack of economic independence).

2.5.2 *Other Indicators of Success*

To measure improvements in financial independence, researchers have generally relied on indicators such as obtaining employment, attending job training, and upgrading education credentials. In most cases, these are presented as dichotomous (i.e., yes/no) variables.

Depending on the client group and their personal problems or situation, other indicators related to changes in behaviour or skills have been formulated (e.g., abstinence for the alcohol and drug dependent, learning English or French for refugees, leaving prostitution for young sex trade workers). For one study of transitional housing for homeless veterans with a psychiatric disability, the indicators of success were defined as maintaining sobriety or stability and continuing to work without re-hospitalization for the duration of the study (Huffman 1993). For a transitional housing program for families, the measures of improved parent or family functioning included performance on various tasks: cooks regular meals, sends kids to school, washes clothes regularly, keeps house clean, pays bills, keeps appointments with others, has more stable relationships, and has feelings of greater control in their lives (Rice 1987). Datta and Cairns (2002) used indicators of psychological well-being (self-confidence and self-respect), social skills (understanding healthy relationships), and household management (budgeting skills). Other indicators commonly used in evaluation of supportive housing may be applicable, such as reduced admissions to hospital and crisis centres, and reduced number of days of impatient care (e.g., Hawthorne 1994).

Many characteristics that may be valuable in avoiding homelessness are not easily quantified, e.g., self-esteem, job skills, access to resources, community involvement, increased physical well-being, and happiness (Stern 1994). In some programs, individualized goals are negotiated between worker and participant; these may be highly specific, such as learning particular parenting skills. Goal Attainment Scales using mutually determined indicators are sometimes used to track change.

In some cases, the path to success is paved with many small steps. One low demand respite residence in Toronto serves chronically homeless women who are considered noncompliant and treatment-resistant. Several 'soft' indicators of progress were derived from data collected during the program's first two years of operation:

- the first cohort of residents gradually reversed their pattern of sleeping during the day (an adaptation to avoid attacks at night when sleeping rough) to sleeping at night,
- residents' relationships with each other and with staff improved,
- residents awareness of behavioural and spatial boundaries increased, and
- residents' involvement in the development of rules increased.

Slight improvements in the residents' behaviour, appearance, and physical health were recorded. After two years of operation, two out of 15 residents had established households in self-contained apartments, and two returned to living on the street. Some of the other residents had made modest gains toward independence (Novac et al. 1999).

Transitional housing programs have been developed on the assumption that the services provided during the transition period will equip homeless individuals and families to maintain residential stability after they move on. Only long-term outcome research can test the various assumptions, for instance, that clinical and life skills services will enable individuals and families to weather the kinds of events and crises that previously resulted in homelessness and thus will contribute to residential stability (Barrow and Zimmer 1999).

2.6 Program Outcomes

Program evaluation of homeless services is not a high research priority in Canada despite its apparent usefulness for effective program design and implementation, user satisfaction, and responsiveness to clients' needs. A review of 70 homelessness studies conducted within or about the Greater Vancouver Regional District categorized only eight of them as evaluative; the majority consisted of environmental scans and needs assessments (Quantz and Frankish 2002).

Barrow and Zimmer's (1999) synthesis of the U. S. literature on transitional housing also points to a lack of research on program outcomes and effectiveness, especially compared to the relatively extensive documentation of service providers' experience and knowledge. Even the latter type of documentation is sparse with respect to transitional housing programs in Canada.

2.6.1 Canadian Research

Studies of transitional housing projects in Canada are rare. Two evaluative studies have been conducted on projects for families.

Transitional Housing for Multi-problem Families

Rice (1987) evaluated a two-year transitional housing program for multi-problem, poor families who lacked the "skills and knowledge to cope with the demands of daily living" (v). This included families with a history of bad debts, an inability to pay rent on time, a record of abusive behaviour towards their neighbours, property, and family members, and those considered 'poor risks' by landlords.

The researchers followed the progress of 25 families who entered the program. Staff expected the families to stay for two years, but only one family did so.

At first, weekly meetings were mandatory and focused on life skills (i.e., childrearing, money management, nutrition, maintenance, and communication); these evolved into discussions of common issues and were eventually replaced by individual meetings with staff. There was a high degree of resistance to program expectations and controls. Families resisted periodic evaluation and feared eviction for violation of expectations of unit maintenance and childcare. A more traditional form of casework intervention evolved as clients withdrew and reacted with resistance to the structured programming.

On average, the families that stayed longer demonstrated more improvement in their skills. Of the 25 families in total, eight improved their level of functioning, ten stabilized their ability to function, and seven were worse off. Those with the least severe problems benefited most. Although the families were promised priority for permanent subsidized housing after completion of the program, this did not occur. Only one family moved into subsidized housing after staying in the program for 16 months.

Rice concluded that participation in programs should not be mandatory, and families should be provided with permanent housing and transitional support services that are withdrawn over time.

Transitional Housing for Refugees

Wiltshire (1993) conducted a qualitative evaluation of a short-lived, innovative transitional housing project for government-sponsored refugees or refugee claimants who were identified as needing extra settlement support. Eleven households were placed either in townhouses within a multicultural housing co-op or in apartments located in a residential area, all managed by the same organization, for a maximum of one year.

Family group meetings were initially offered every two weeks and attendance was voluntary. The earlier support sessions that focused on discussing common problems and sharing information were better received than the later workshop sessions on permanent housing and employment.

Based on interviews with 18 individuals (program participants, staff, and board members) and a group interview with six volunteers, Wiltshire determined that the families were appreciative of the quality of housing provided and the support they received, especially practical assistance, such as opportunities to practice speaking English, and a lessened sense of isolation and alienation.

The program was successful in integrating the families in their neighbourhood community, especially those placed in the housing co-operative. In fact, the families resisted leaving their homes and the strong social networks they had developed in the co-operative or neighbourhood and the schools their children attended. The families housed in the co-operative were eventually allowed to become permanent co-operative members, in the process removing the housing stock from the program's resources.

Wiltshire suggested that displacement after one year did not meet the needs of the newcomer families and that a more suitable model would be a brief program of several weeks or permanent housing placement with support services that wane as program participants are integrated into Canadian society. She concluded that the transitional housing concept may have contravened the goal of settlement because refugees desire and benefit from establishing a permanent household and an informal support system as soon as possible.

In fact, this is true of all families. Based on a review of studies, Barrow and Zimmer (1999) stated that scattered-site models of transitional housing that 'convert' to subsidized permanent housing are a cost effective approach to helping families transition out of homelessness without the stigma and disruption of support networks that facility-based approaches may entail.

2.6.2 Australian Research

Of the more than 800 households served by a multi-provider Australian transitional housing program from 1997 to 2002, almost half (47%) secured sustainable accommodation, i.e., 31% to public housing and 16% to private rental housing. About one-tenth moved to trailer parks or private hotels, a form of accommodation not considered appropriate or sustainable by some researchers. A good many of the residents (22%) returned to the homeless population, usually to temporary housing with friends, or to another transitional housing program or emergency shelter. Finally, a few were evicted (5%) or left prematurely (5%). There was no exit data for 11% of the residents (Wearne and Johnson 2002).

2.6.3 U.S. Research

It is U.S. government policy to provide funds to develop supportive and transitional housing with the goal of reducing homelessness. A survey of program directors of 360 transitional housing projects funded under the Transitional Housing Program found that 40% of the clients overall were able to obtain housing and a source of income at the time they left the program. Families and couples without mental health or addiction problems were most likely to succeed (United States General Accounting Office 1991).

A subsequent major national evaluation of about 500 transitional housing programs was conducted in the mid-1990s and provided more detail on the clients and program outcomes (Matulef et al. 1995). As the funding program targeted families and persons with disabilities, this influenced the characteristics of the groups served. Forty-three percent of the participant households were families with dependent children. More than one-quarter of the projects were primarily intended to assist the severely mentally ill or substance abusers. Ten percent primarily assisted battered women. The proportion of projects assisting other target groups was very small, but included runaway or abandoned youth, veterans, pregnant women, dually diagnosed, developmentally disabled, elderly, and ex-offenders.

Virtually all of the projects offered case management, the basic elements of which included needs assessment upon entry, periodic reassessment and progress monitoring, group meetings, and resident enrollment in community-based service programs. The vast majority also provided housing location services, money and household management, prevocational training, and vocational counseling. Fewer than half of projects offered prenatal care, medication monitoring, detoxification, English as a second language, physical therapy, sheltered workshops, and Parents Anonymous.

Matulef et al. (1995) concluded that the Transitional Housing Program had achieved its goal of helping residents achieve self-sufficiency and find independent living situations. Overall, 57% of participants who entered a program 'graduated' or completed it. Of those participants who completed programs, 70% moved on to stable housing, some with rent subsidies, and most without services. This outcome varied by sub-group, ranging from 90% for families to 41% for abused women. Of those who either withdrew from the program early or were dismissed, less than one-third entered stable housing. This difference in outcomes suggests that participation in transitional housing programs increased residents' odds of obtaining stable housing; however, the reliance on data from project sponsors and service providers (some of whom did not have detailed records), lack of data on long-term outcomes, and the lack of a control group comparison limits the conclusions that can be drawn.

Twice as many of the participants were employed part- or full-time by the end of the program (38%) or were engaged in education and training (14%) than when they began. A small percentage of participants (11%) had increased their monthly income and reduced their reliance on income support programs. This was not the case in projects serving abused women, among whom employment status remained unchanged.

Barrow and Soto (1996) conducted one of the very few studies that have incorporated a comparison group in the research design. They conducted an evaluation of six transitional housing programs serving distinctive but overlapping segments of the street homeless population. Outcomes for a sample of 113 individuals were compared to those for a matched control group who received similar non-residential services (i.e., money management, entitlements, physical and mental health care, substance abuse, legal, and family), but not transitional housing. At program exit, 62% of the residents went on to some form of longer-term housing (usually to an apartment or room of their own; in some cases to live with family or friends) and remained housed at the 3-month follow-up. This outcome was significantly better than that of the control group in shelters — 35% of them were housed after a period of receiving similar non-residential services.

Transitional programs for homeless individuals with severe mental illness frequently place significant emphasis on clinical outcomes and often include post-program moves to supportive housing and specialized residential care. For example, Blankertz et al. (1992) reported that more than three-quarters of the residents took their medication regularly; virtually all were receiving income assistance and other help; and two-thirds had no psychiatric crises while in residence. Almost one-third moved to board and care sites; one-quarter attained independent living; and about one-tenth went to specialized care centres, back to family, or to other mental health facilities, respectively.

Another factor that makes interpretation of results across programs difficult is very high rates of attrition. For example, Murray et al. (1997) reported that 92% of residents who completed a transitional residential program maintained their housing one year after discharge. However, more than half of the sample of 228 individuals failed to complete the program.

Resident Characteristics and Outcomes

No single characteristic of residents assessed so far has distinguished individuals' odds of success. Barrow and Soto (1996, 2000) found no relationship between housing outcomes and various characteristics, such as gender, age, psychiatric disability or addiction, ethnicity, length of time homeless, main means of support, sleeping place, and pre-baseline services. Those successfully housed in six transitional housing programs included equal numbers of men and women and spanned various ages and ethnic backgrounds; most of the residents had psychiatric diagnoses of major depression, and most were not abusing substances at program admission. However, a particular constellation of characteristics was associated with negative outcomes. Those who left or were discharged without placement tended to be women, were in their forties, had the most severe psychiatric diagnoses, and were actively abusing substances when admitted to the program.

Hawthorne et al. (1994) also determined that various socio-demographic and clinical factors, including diagnosis, age, gender, number of previous hospital or crisis centre admissions, employment and living situation, and length of stay, were not related to successful treatment outcomes.

Low Demand vs. High Demand

Based on their review of studies, Barrow and Zimmer (1999) concluded that adding low demand transitional housing programs to outreach or drop–in services for homeless individuals improves their likelihood of obtaining permanent housing. High demand or highly structured facilities which double as treatment programs for people with severe mental illness and/or addictions appear to improve housing and clinical outcomes for participants who complete the programs. Such programs, however, have extremely high attrition rates and are not an effective route out of homelessness for most people who enter them.

How Appropriate is Transitional Housing for Families?

There is considerable disagreement on the appropriateness of transitional housing for families, or at least on reasonable expectations of change.

Based on the results of a small survey of 40 women living in transitional housing projects (most of which were second-stage housing) in Canada, Wekerle (1988) concluded that while the primary goal of offering residents a respite and services to assist them in becoming independent was met, the risk of housing insecurity and homelessness remained. She argued that the transitional housing model was a stop-gap measure that delays rather than resolves the long-term housing problems of these hard-to-house women and that provision of temporary housing only creates an ongoing anxiety about being able to secure permanent housing for themselves and their children when they have to leave.

Twiss (1993) argued that transitional housing is more appropriate for the deinstitutionalized, the mentally ill, and those with substance abuse problems than for families, especially if the housing form is group home arrangements.

An early study by Phillips et al. (1988) reported that within a few months families had lost the gains they had made during residency in a transitional housing program. Most (71%) of the parents who completed a three-month program for homeless families improved their parenting skills, but on follow-up three and six months post-program, the progress families had made was gradually lost, and their housing facilities had deteriorated (e.g., there was no furniture).

Yet families, or certain families, have been more successful in becoming re-housed than other groups in transitional housing programs. A major evaluation of U.S. transitional housing programs by Matulef et al. (1995) showed that, of those who completed their programs, families were more successful in securing permanent housing than those with severe mental illness (74%), addictions (67%), or abused women (61%). Since these categories are not mutually exclusive, this result can be interpreted to mean that families without problems of severe mental illness, addictions, or recent family violence are more likely to be successful than families or individuals with these problems.

An essential element in stabilizing families is the provision of housing subsidies. Shlay (1993) followed two cohorts of families for more than one year after they had completed a two-year transitional housing program. The families were selected for likelihood of success. They had been screened for chemical dependency, perceived motivational levels for achieving economic independence, and potential for becoming either trained for the labour market or employed. The program graduates maintained their residential stability after receiving housing subsidy vouchers, and both adults and children exhibited positive changes in their lives. The families, however, did not become economically self-sufficient as indicated by complete independence from income maintenance programs (Shlay 1994).

The largest evaluation of transitional housing for homeless families, conducted by Rog et al. (1995), showed a similar result. Data on some 1,670 homeless families serviced in nine cities found considerable housing stability over time among families who received housing subsidy vouchers, with 91% using them after 12 months and 75% after 30 months, but little difference regarding families' increased self-sufficiency.

Even homeless families with the most complex problems have become residentially stable with the provision of permanent subsidized housing and short-term support services. In a large study of services-enriched housing programs for chronically homeless families in nine U.S. cities, a very high proportion of the sample of 781 mothers experienced childhood risk factors, were poorly educated, had health problems, had experienced domestic abuse, and were alcohol and drug dependent (Rog, Holupka, and McCombs-Thornton 1995). Despite these problems, 88% of them remained housed 18 months after they had been given housing subsidies and received at least four months of support services (Thornton, Gilbert-Mongelli, Brito, and Holupka 1995).

Families have achieved housing stability, especially when provided with affordable housing, but they have not achieved the other main outcome frequently expected of transitional housing — financial independence. Gerstel et al. (1996) argued that transitional housing programs have failed to help families become financially self-sufficient because the provision of support services, although helpful to some residents, is not effective in re-housing participants unless the fundamental economic factor, i.e., the shortfall between income and housing costs, is addressed. Moreover, social and physical isolation caused by transitional housing programs has separated individuals from their support networks and thereby undermined useful contacts and collaborative strategies of mutual assistance, especially those related to employment and informal housing resources.

Moreover, Fogel (1997) has challenged the premises of high demand programs, asking how they can promote the overall objective of self-sufficiency when they require residents to adhere to an extensive set of rules regulating everything from parenting chores, living mates, eating times, entertainment, sleeping and waking times, smoking locations, visitors, mail, medication, money use, overnights, and limitations on bedroom space; and rule violations usually sustain a penalty which may include involuntary withdrawal from the program. Gerstel et al. (1996) also criticized such constraints imposed on residents' daily activities, calling them a form of incarceration for families. They also referred to prohibitions against in-room visits by outsiders, curfews for adults as well as children, and limitations on the amount of time that residents could spend away. In addition, they noted that some programs offered residents no opportunity for collective or collaborative decision making. Instead, the residents were obliged to submit to therapeutic scrutiny and authoritative personal management.

A small-scale study by Dunlap and Fogel (1998) underscored the difficulties faced by families. One year after completing a transitional housing program, some families were on the verge of homelessness again (e.g., living in a motel, moving from place to place). Most of them were insecurely employed in low-wage jobs with minimal benefits, and all of them required public assistance to meet their basic needs. Even two years post-program, the families were only beginning to attain economic self-sufficiency.

Given the challenges of raising children while living in poverty or on low incomes, it is unreasonable to expect all families to become financially independent, but the evidence suggests that they can maintain permanent housing if it is affordable, and that permanent housing with transitional support services is a more effective method than transitional housing. Whether this is also the case for individuals cannot be answered with the limited research conducted to date.

2.7 Program Evaluation

Program evaluation has become a sophisticated area of study and practice that is well outside the parameters of this report, but we will raise a few points regarding evaluation specifically in relation to measuring the success of transitional housing projects.

Attrition and Comparison Groups

Attrition of participants from studies of transitional housing projects is a frequent problem that affects the interpretation of data (Winship 2001). The highest attrition rates are found in highly structured facilities, especially those serving people with addictions (Barrow and Zimmer 1999, Orwin et al. 1999).

Are the program 'drop-outs' or 'early leavers' different from those who 'graduate' and, if so, how? Fisher (2000) has noted that attrition from the sample causes the participants remaining in the sample as time passes to resemble the total sample less and less in both measurable and immeasurable ways. He found that the program completers in his study were more able and/or more determined to succeed that those who had dropped out, e.g., more of them had a high school education or training, more received housing subsidy at program exit, and more were residentially stable. This is not always the case, however. Phillips et al. (1988) found that the families who left before completing a three-month transitional housing program were 'less troubled' as a group than those did complete it, suggesting that they were more capable.

Questions about the success rates of transitional housing projects and the differences between program completers and non-completers could be better answered by controlled studies designed to include a comparison group who have similar characteristics to the 'treatment' group but do not undergo the program. Such studies are, however, difficult to conduct. There are serious scientific, logistical, and ethical difficulties in finding such a group. Denial of the program raises ethical questions about the justification for refusal to some people; using people on the waiting list for the program would work only for a short-term comparison so long-term comparability is lost; and it would be onerous to determine and follow a group of emergency shelters users with similar characteristics (Stern 1994).

Many studies have found that participants who completed their transitional housing programs are more likely to obtain permanent housing than those who did not (e.g., Baier et al. 1996, Prabucki et al. 1995, Barrow and Zimmer 1999). It may be that transitional housing programs are relatively effective in reducing homelessness or that clients' needs must be more closely matched with program design.

> Until we have studies that test transitional approaches against permanent housing approaches for comparable populations, it will remain unclear whether transitional housing offers a useful way to enhance housing access and stability or primarily serves as a substitute for permanent housing when the latter is inaccessible, undesirable, or in short supply (Barrow and Zimmer 1999: 19).

Determining and Measuring Outcomes

There is a general tendency for service providers to frame broad, ambitious outcomes for their clients that may not adequately capture incremental changes. Transitional housing projects do more than try to get people re-housed and the process of becoming re-housed is not always straightforward for people who have been homeless for a long time. Program evaluators caution service providers not to be overly optimistic in their expectations of change and suggest they distinguish short, intermediate, and long term outcomes.

Using a teen parenting program as an example, Winship (2001) suggests that initial outcomes could include increased knowledge of prenatal nutrition and health guidelines; intermediate outcomes could show to what degree the teen parents follow the guidelines and provide proper care to their babies; and finally, long-term outcomes could include an assessment of babies' appropriate 12-month milestones for development. Winship (2001) draws attention to the fact that program providers should not assume they can significantly influence long-term outcomes that are subject to external forces well outside their control. Obtaining permanent housing and economic independence are prime examples of outcomes subject to external forces. An initial or intermediate goal, such as cleaning up a credit history, would more accurately reflect the relationship between program components and the achievement of long-term outcomes such as long-term housing stability.

The selection of outcome indicators warrants careful thought. Nesselbuch (1998) suggests they should be measurable, specific, time-limited, realistic, meaningful to users, related to program activities, and within the provider's capacity to measure.

Service Providers' Issues

In a recent forum, community-based service providers identified several issues, from barriers to methods, affecting their ability to conduct evaluation research (Community Based Research Network of Ottawa 2002).[v]

Many community organizations want to conduct evaluation research, but face severe resource constraints and are discouraged by several factors (e.g., the perception that funders are not very interested in long term outcomes, cynicism because it appears that nothing is done with the research results, the preference for consultations and action programs, and distrust of the motivation and objectivity of research studies).

Community organizations want to measure success in qualitative as well as quantitative terms. However, funders are often concerned with numbers (output data) rather than outcomes, e.g., more interested in the number of people who enroll in a program than the number who have increased self-esteem and are working a few hours a week as a volunteer.

Many organizations believe that current funding structures require agencies to demonstrate positive outputs and outcomes in order to justify on-going funding. This is often in conflict with a community defined evaluation process that would include identifying and learning from mistakes, could have different values than those of the funders, and would provide constant feedback to influence goals, mission, and programming.

Developing organizational capacity to conduct better program evaluations will require addressing such issues.

Integrate Evaluation with Service

For organizations that are prepared to conduct or improve the quality of their program evaluations, Nesselbuch (1998) offers some ways to integrate evaluation with service provision; these range from soliciting input for the program description and goals from other providers, agency front-line staff, local government, potential funders, and homeless or formerly homeless people to assigning oversight of evaluation data collection and analysis to a specific staff person.

3.0 Case Studies of Transitional Housing Projects

Descriptive case studies of transitional housing were undertaken in Alberta, British Columbia, Ontario and Quebec. These nine projects were chosen from a preliminary, intentionally varied inventory of more than 75 transitional housing projects compiled for this report (see Appendix A for the inventory). They were selected to illustrate some of the variety of transitional housing programs across Canada in terms of specialized target groups, programming, building form, and other characteristics.

Transitional housing programs for a range of populations is reflected in the case studies, including the following:

- mixed singles with addictions, psychiatric disabilities, or who are HIV positive,
- single young women and transgendered persons engaged in prostitution,
- single women,
- seniors leaving abusive situations,
- single mothers,
- Aboriginal male youth with addiction issues,
- refugees, and
- young pregnant women.

A variety of building types are represented – detached houses, apartments, and single room occupancy (SRO) hotels. Some projects have shared rooms or facilities, such as kitchens and dining rooms, while others provide self-contained residential units.

Some programs are highly structured requiring residents to participate in programs or educational activities for a set time period, while others have open-ended stays and stress flexibility in their approach.

In-person visits were made to each of the transitional housing projects. In addition to a description of the program and the program site, data was collected on program objectives, requirements of participants, number of residents, lengths of stay, funding sources, measures of success, documented outcomes (where available), and program issues and challenges.

Preceding the nine case studies is a table outlining for each project, the location, target group, housing form, and outcome data, if any.

Projects by Location, Target Group, Housing Form, and Outcome Data

Name of Project	Location	Target Group	Housing Form	Outcome Data
Lookout (1978)	Vancouver	mixed singles (e.g., HIV +, addictions)	SROs, studio apartments	no data available
Princess Rooms (1993)	Vancouver	mixed singles (e.g., chronically homeless, dual diagnosis)	SROs	50% moved to permanent housing; 25% placed in treatment or recovery programs
Crossroads Duplex (2002)	Edmonton	young women and transgendered persons aged 15 to 30 (most of whom are Aboriginal) who are engaged in prostitution	two adjacent detached houses with private rooms and shared kitchen and common areas	33% were housed; 50% left prostitution
Seniors Safe House (1999)	Edmonton	seniors leaving abusive situations, mixed singles	bachelor apartments in a senior's building	88% were living independently in community
Beatrice House (2000)	Toronto	mothers aged 19 years and over with their children	converted school with individual rooms for each family and communal space	no data available
Native Child and Family (2001)	Toronto	young Aboriginal men aged 16 to 24 recovering from addictions	7-bedroom house	about 40% went on to college or treatment program; 25% to 33% returned to the street
Romero House (1992)	Toronto	refugees - families and singles	3 houses split into units and one large apartment	90% received positive decisions from Refugee Board
Appartements supervisés Augustine Gonzalez (1998)	Montreal	young pregnant women aged 16 to 22 who lack stable housing	bachelor apartments	no data available
Le Cha non (1970s)	Montreal	women of all ages dealing with various issues (e.g., mental health, addictions, homelessness)	private rooms with a shared kitchen and living room	about 80% benefitted from program and did not return to the street

Lookout Emergency Aid Society (Lookout)

The power of housing is the power of life and death down here.
Karen O'Shannacery, Executive Director of Lookout

Lookout's transitional housing serves chronically homeless adults (over age 18) who have few, if any, housing alternatives and who require assistance over a sustained period to make the transition to permanent housing. Residents include men, women and transgendered people of various ethnic backgrounds, refugees, immigrants, people with mental health issues, people with disabilities or chronic health problems, people with addictions and those with challenging behaviors. Lookout has four buildings with transitional units: the Hazelton, Sakura So, the Cliff, and the Yukon.

In the early 1970s, Lookout developed a street patrol for homeless people in the Downtown Eastside (DES), Vancouver's skid row. The organization also began to negotiate with hotels in the area to obtain accommodation for people. This led to their first transitional housing program, scattered units in single room occupancy (SRO) hotels. By 1974, Lookout had also established an emergency shelter program that operated on a 24-hour basis. However, many of the repeat users had additional challenges because of addictions or mental health issues. Services were hard to provide for residents in scattered hotel rooms, and by 1978 Lookout constructed its first building in the Downtown Eastside, the Hazelton, an emergency shelter with supported transitional housing. Today, along with several emergency, permanent housing, and outreach programs, Lookout operates 130 transitional units in four locations in the Greater Vancouver area and provides 24-hour staffing. They include:

- The Hazelton Residence (1978) – Located in the Downtown Eastside, the Hazelton has 39 units including five units dedicated to HIV positive residents. Situated above the downtown shelter, the Hazelton has the highest level of residential support programming. There are individual secure rooms with shared washrooms. Most residents take meals in the building's dining room, although there are limited food preparation facilities in the rooms.

- The Yukon Residence (2002) - Located outside the Downtown Eastside, the Yukon has 37 self-contained studio units and 36 emergency beds. The building was fully occupied within 12 days of opening. Residents have the option of taking meals in the dining room, and they may work in the training kitchen. The Yukon is the result of a financial partnership with the SCPI program, the BC Housing Multi-use Housing program, Vancouver Coastal Health Society, Lookout Society, and other community partners.

- Sakura So Residence or "The Sak" (2002) – Located in an older brick building in the DES, the Sak contains 38 units (9 of which are double rooms) with cooking facilities and shared washrooms. There are two ground level storefront commercial spaces. Due to the surrounding street conditions and open drug trade, new tenants are screened for vulnerability to drug use. The building, which still requires renovations, was purchased in early 2001 with a grant from the SCPI program. Currently only the income from the commercial space on the main floor is available to support the program.

- The Cliff (2003) - The Cliff is an older rooming house that Lookout acquired after a lengthy public process in New Westminster. The building has 16 units. Lookout took over the building in 2001 and moved existing tenants to temporary accommodation in 2002 so that the building could be renovated (with SCPI funding). The building was reopened in the spring of 2003. Each unit has a sink and toilet with a shared kitchen and central shower rooms. On the top floor there are seven permanent units: self-contained bachelor suites with kitchenettes and private tub/showers. The tenant contract states that residents in the transitional housing must be working towards specific goals that have been developed with staff.

Intake is through referrals from the community shelter system's risk priority waiting list. Priority status is based on a variety of factors, such as the number of episodes of shelter use, length of time on the street, condition of present accommodations, and potential for violence. Lookout operates with a philosophy of minimum barriers in order to "catch people who would otherwise fall through the cracks." Residents may have active addictions, but they must not put other tenants at risk, and they must strive to achieve goals that enable them to move to permanent housing.

In addition to the emergency, transitional and permanent housing, Lookout provides a variety of support services to assist individuals to regain and maintain stability in their lives. These include activity and outreach programs, meal programs, and personal services such as administering medication, counselling, financial management, skill building and advocacy. Resident volunteers participate on a Tenant Selection Committee (for the permanent housing) and Tenant Advisory Committees. Residents also contribute to maintenance, kitchen and housekeeping duties.

Length of stay is two years, although this is flexible depending upon circumstances. Lookout staff initially expected that one-third of the residents would move before the two year time-frame had expired, one-third would be ready to move after two years, and one third would require a longer period. However, the organization is now feeling pressure due to psychiatric hospital closures and cutbacks in their services. More individuals with severe mental illness and without appropriate supports are winding up in the DES in need of transitional housing. People are now staying longer at the Lookout transitional housing because there are few long-term housing options.

Success is defined as a well-planned move to permanent housing. Staff have found that if issues such as conflict management, health concerns, and ability to budget have been addressed, there is less likelihood of a return to the street. The society does not have the resources to do personal follow-up once people have left the transitional housing program, but many past program users stay in touch with the Society or use their other services. Lookout conducts an annual client satisfaction survey in the spring.

Outcomes, Findings, Issues, and Challenges

Some important insights have evolved from Lookout's years of experience in the housing sector.

- In order to appropriately address homelessness, shelter must be coupled with other services. Transitional housing works only when permanent housing is available. Lookout attempts to keep the number of emergency beds to a minimum while developing more longer term and permanent housing options.

- The organization has found that SRO buildings provide good transitional housing. They offer a mix of privacy, communal living and access to supports. However, people may need incentives to move from transitional housing to more independent living, and adequate, affordable long-term housing must be available. Because units at the Yukon are better than some permanent housing options, people are reluctant to leave.

- Community development within the facilities is critical to success and needs to be funded.

- Transitional housing does not work in isolation, it requires involvement with the local community. Lookout collaborates with the community of shelter providers and with neighbours in areas where their buildings and programs are located.

For the year ending March 2003, the following program and client statistics were available:

- The Sakura So Residence housed 46 individuals in 36 rooms (two were being renovated) with a 95% occupancy rate. Eleven of the tenants who were in residence when the building was purchased have remained. The turnover rate for the year was 26%. Half of the new residents were referred from the Lookout Shelter. Four new residents were referred through health agencies and one through an AIDS support agency.

- The Sak houses 26 men and five women, aged 35 to 64. Most receive a disability (62%) or old age pension (32%). Only one resident is currently employed. Medication must be administered for 11 residents. Thirteen tenants have a psychiatric disability, with three dual diagnosed (addictions and psychiatric illness) and five multi-diagnosed (3 or more diagnoses). Nineteen people moved out during the year. Reasons for move-outs included hospitalization (3), eviction for security reasons (2), inability to live independently and placement at another setting (2), relocation to another area (2), death (1), and transfers to independent living situations (8).

- The Yukon, which is located outside the DES, is now housing people who have not previously accessed the shelter system. They are using transitional housing because of financial need. Homelessness due to job loss and poverty is a growing phenomenon throughout the region.

Funding

Lookout has accessed a wide variety of federal, provincial, and municipal funding sources as well as private donations. The federal Supporting Communities Partnership Initiative (SCPI) funded recent property acquisitions. A grant from the Residential Rehabilitation Assistance Program (RRAP) was supplemented by BC Housing to finance renovations. RRAP funding was provided for the Cliff Block in New Westminster. In some of the transitional housing projects, staffing is supported by health funding. The Sak and The Cliff have rented out retail space at the street level. The Sak rents this space to compatible community users at a reduced rent. Lookout's policy does not allow crossover funding from project to project.

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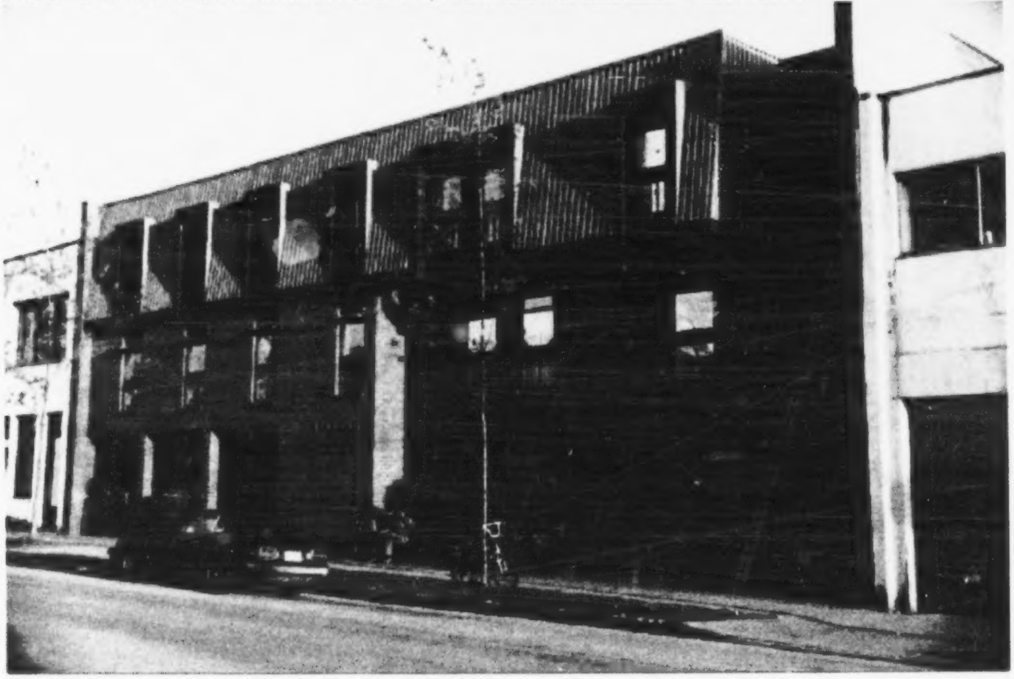
SAKURASO
cook studio café

The Sakura So Transitional Residence, Downtown Eastside Vancouver



Lookout Emergency Shelter with the Hazelton units on the top floor

Princess Rooms

> *A home for every person.*
>
> *Mission Statement,* Triage Emergency Services and Care Society

Princess Rooms is the transitional housing component of a three-step program from emergency shelter through transition to permanent housing.[1] It is operated by Triage Emergency Services and Care Society of Vancouver, which was established in 1990 to provide a range of innovative housing projects and services to chronically homeless individuals with mental health and substance abuse issues.

In 1993, the Triage Centre opened with 28 separate shelter rooms, communal washroom facilities, and 27 studio apartments. Triage also developed partnerships with local single room occupancy (SRO) hotels to provide another 36 units of permanent housing, including 15 for seniors with dementia. By 2000, 54% of the Triage shelter admissions were repeat shelter users, indicating that longer-term intervention was needed to break the cycle of homelessness. In 2001, Human Resources Development Canada provided funding to purchase the Princess Rooms building, which is located two blocks from the Triage Centre, for transitional housing.

Princess Rooms is a three-story SRO building, with storefront space on the ground floor. There are 46 units, two of which have private bathrooms. The rest have kitchenettes in the rooms and shared washroom or bath facilities on each floor. There is a small activity area or common room on the second floor and an office. Some upgrading of the building has been done through the Residential Rehabilitation Assistance Program (RRAP), although more work remains to be completed. Operating and maintenance costs are high due to the age of the building and wear and tear by the tenants.

Princess Rooms serves the hardest to house, most vulnerable and at risk, chronically homeless adults in the Downtown Eastside. To access the program, residents must be over 18 years of age and have been through the emergency shelter system a number of times. Most have experienced at least nine shelter stays at Lookout or Triage (not including other shelters). A majority of the residents (89%) have a dual diagnosis, most commonly, addictions, and severe mental illness. Triage promotes a harm reduction approach in working with the residents. The staff also work with the residents on their housing, nutrition, health, advocacy, and legal issues to increase stability in their lives.

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[1] Triage has 68 units of supported housing, including 21 units for high-need mental health consumers and 15 units for seniors with a mental illness.

Princess Rooms is currently operating as a two-year demonstration project with 24-hour staff coverage. Originally the length of stay was limited to one year. This has been reassessed and is now based on need with an upper limit of approximately two years. This change was made to facilitate positive outcomes in the lives of residents rather than enforcement of external policies.
Triage staff believe that the program has been successful in helping the chronically homeless move on to permanent housing because of the range of services they offer including emergency shelter, transitional and permanent housing, a high staff to resident ratio, access to community resources, and follow-up.

Outcomes, Findings, Issues, and Challenges

Triage has found that SROs are very useful for transitional housing, as they provide access to services and encourage movement to more private (i.e., self-contained), permanent housing. Transitional housing allows people time to prepare for a move to permanent housing or, in some cases of declining health, to hospitalization or hospice care. At the same time, SROs have some disadvantages. The buildings are usually old and in need of renovation and once renovated they may still be difficult to maintain. The units lack privacy and other amenities. Still, SROs in the Downtown Eastside are valuable housing stock in jeopardy of being lost to other types of development.

For programs geared to the very hardest to house, qualified staff and high staffing levels are critical to success. Staffing levels determine who can be housed. When the project opened, there was only a resident manager. The staffing level was increased to 24 hours a day in order to house people with problems such as active drug use and to maintain the safety of residents. There are three shifts each day, in addition to one outreach worker and one supervisor who handles property management issues.

Hiring and supporting the appropriate staff is also critical to the success of Princess Rooms. Staff members are coached to be "relentlessly respectful" and client centered. Supervisors seek workers who are intelligent, kind, and calm. Extensive training is provided, including an emphasis on self-care.

Even after people's lives become stabilized and they are able to move into permanent housing, the continued availability of support within the community is essential. For instance, drug dealers often target people with housing in order to take over their apartments. Without community, police and service supports, people may remain vulnerable.

For transitional housing to work, there must be a diversity of high quality options for permanent housing. Triage sees this as the future challenge.

About 75% of the residents are men. The average age is about 40 years, although there are residents from age 19 to 70. Rent is set at $325, the shelter portion of social assistance. It usually takes about 3 months to a year for people to settle into the Princess Rooms program. Staff have been trying to include more women in the building. Women have particular problems, often related to the violence they experience on and off the street. To date, nine women engaged in the sex trade have been accommodated at the Princess Rooms.

Over the last two years, 100 people have used the program, including the current 40 residents. Of the 60 people who have moved through the program and left:

- one-half were placed in appropriate or subsidized housing either through Triage or agencies outside of the Downtown Eastside (most people now pay their own rent and have found housing with their own kitchen and bathroom);
- one-quarter of them have entered treatment or recovery programs;
- for one-quarter, the program did not work out – the residents didn't like the program, there were issues with drugs, or they were more independent than they realized and did not require the support services offered.

Funding

In 2001, the Supporting Communities Partnership Initiative (SCPI) funding through Human Resources Development Canada enabled Triage to purchase the Princess Rooms. Funding through the federal Residential Rehabilitation Assistance Program (RRAP) was used to upgrade the building. Princess Rooms is currently funded as a demonstration project through the Health Board and a private donor. This allows for 24-hour staffing.

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Crossroads Duplex

The Edmonton City Centre Church Corporation (ECCCC) is an inner-city social service agency, a project of six churches representing five different denominations (Anglican, Baptist, Catholic, Lutheran, and United). The ECCCC offers a variety of programs for children and youth in the inner city, an emergency shelter for women, supportive housing for women with mental health issues, an array of affordable housing units, and transitional housing.

The goal of Crossroads, a project of the ECCCC, is to offer alternatives, support, and hope to children and adults involved in or at risk of involvement in prostitution. Crossroads' street outreach workers offer information on sex offenders, street safety, health issues, and counselling services as well as providing beverages, snacks and warm clothing. Because the outreach workers maintain contact and provide ongoing support to people on the street, they are well situated to provide referrals to the new transitional housing project, Crossroads Duplex.

The Duplex offers transitional housing to homeless women and transgendered persons, aged 18 to 30, who are involved in prostitution or at risk of sexual exploitation. Residents must be committed to leaving the sex trade. As many as 15 people can be accommodated at once in two adjacent bungalows located in the downtown core of Edmonton. Each resident has a single room and shares kitchen, bathroom and common space. The houses have finished basements that provide additional living space.

The need for transitional housing was identified as the top priority in a consultation process that was undertaken with the transgendered street population in Edmonton. The project was opened in February 2002.

The goals of the program are to increase the personal safety and well-being of the residents and to assist them in moving from homelessness to stable, long-term housing. In addition to homelessness, women and transgendered individuals engaged in the sex trade face a number of other complex issues: violence in relationships and on the street, addictions, legal problems, poor physical and mental health, and lack of employment skills. Many have long histories of abuse. Residents are supported to access the services they need such as health care, legal services, treatment for addictions, and counselling for physical and/or sexual abuse. Because of these multiple issues, Crossroads staff anticipate that some residents will leave the program and return at a later date. Even if a woman leaves the program, the fact that she has become aware of the community supports available is seen as a positive step.

When entering the program, a woman is provided with food, emergency clothing, telephone access and her own room. She is then assisted to obtain social assistance in order to pay for room and board and cover personal expenses. A case-worker develops a service/support plan with the new resident to assess needs, determine existing resources and supports, and develop a time-line for reaching specific goals. Staff are available on-site 24 hours a day.

A co-operative group environment is promoted within the houses and peer support is encouraged. Staff and residents shop together and residents take responsibility for cleaning and cooking (except for holidays when staff cook). Because many of the residents are Aboriginal, an emphasis is placed on the provision of culturally sensitive services. House meetings are held about once a month and there are regular craft and recreation nights in the houses. Residents are also encouraged to participate in Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or other appropriate programs in the community.

Crossroads Duplex has a harm reduction approach. Women are not permitted to use drugs or alcohol in the house, however, emphasis is placed on reduction of use rather than total abstinence. There are no curfews, however, if residents stay out more than 50% of the nights in a month, they are encouraged to come back when they feel ready to participate more fully in the program.

The length of stay is flexible. To date, nine months has been the longest stay.

The houses are located in the inner city area of Edmonton, close to a variety of services and drop-ins. Neighbours in the area were supportive of the project since the ECCCC bought and restored a property that had been used by drug dealers. The Department of National Defense donated two surplus houses that were moved to the property.

Outcomes, Findings, Issues, and Challenges

Between February 2002 and March 2003, Crossroads provided transitional housing to 40 individuals between the ages of 18 and 31.
$ 90% were female and 10% transgender
$ 63% were of Aboriginal descent
$ 83% had substance abuse or addiction issues
$ 73% had chronic physical and/or mental health problems
$ 45% had current legal issues as a result of encounters with the law
$ 33% had children who were not in their care
$ 15% were pregnant at the time of admission

As of March 31, 2003, 25 residents had been discharged from the program and 15 remained in the transitional housing. Of those discharged:
$ Approximately one-half successfully stopped their involvement in prostitution and were able to maintain a more stable lifestyle.
$ Approximately one-third moved into long-term independent housing.

Staff and residents have recognized that there are some limitations to the program because of the upper age limit of 30 and because the houses do not accommodate children. A number of women do want to work on getting their children back, however, they must move into independent accommodation in order to do so.

Although it was anticipated that a large number of transgendered persons would access the transitional housing, to date only 10% of the residents have been transgendered.

Staff have learned that a rigorous screening process is needed in order to determine if a person really wants transitional housing. Some women require a detoxification (Detox) or rehabilitation program prior to entering Crossroads, and others need emergency mental health assistance. At the same time, staff indicated that they have learned that greater flexibility and less emphasis on programming and services is sometimes more useful. "Crossroads needs to be a home, not an institution."

Funding

The Supporting Communities Partnership Initiative provides funding for both capital costs and programming supports. The Department of National Defense provided two bungalows that were relocated to the site. Each duplex received CMHC RRAP funding of $48,000, for a total of $96,000.

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Seniors Safe House

The Seniors Safe House in Edmonton is the only transitional housing project for abused seniors in Canada. It provides a safe space and support services to seniors who have been physically, sexually, verbally, emotionally or financially abused by their spouse, family or care-givers.

The Seniors Safe House opened in December 1999 as a pilot project with only one residential unit. In October 2000 a second unit was added. Since January 2002 the program has operated seven self-contained bachelor apartments situated within a senior's complex in downtown Edmonton. The seven units are on one floor, which is accessible only to staff, volunteers and Safe House residents who have an elevator key. Each apartment is fully equipped with furniture, kitchen utensils, a television and a telephone. On the Safe House floor, there is also a common room with a television, books, magazines, games, and a coffee machine. Social activities that are held in the building are also open to residents of the Safe House. Limited parking is available free of charge.

For additional security as well as to address health concerns, residents have Telecare on their telephones, and they may choose to wear a bracelet or pendant that can be pressed in order to obtain emergency assistance. Seniors in the apartments must be able to function on their own or have access to resources that enable them to function independently. If required, Home Care may provide medical or bathing assistance and in some cases non-abusive family members may stay with the senior until services are arranged so that the individual can reside alone.

Seniors cannot be accommodated on an emergency basis. In a crisis, a senior who has been abused may be placed in a hotel (with funding from social services) until a unit becomes available at the Safe House.

During the intake process, a risk assessment is made and if the senior is considered to be in danger, he or she could be referred to a more secure environment, such as a women's shelter or Kerby House, a shelter in Calgary for abused seniors. To date, only two people have been referred elsewhere for safety reasons.

The minimum age for the program is 60, although a few residents between 55 and 60 have been accommodated. Finding housing for this latter age group is difficult as most subsidized housing is for people aged 60 and over. Abused seniors who do not receive pensions are often financially dependent upon their families and/or the abuser, a factor that often complicates their ability to leave an abusive situation.

Workers from the Edmonton Social Services Support for Independence program (SFI or social assistance) make visits to the Safe House so that the residents may receive immediate financial assistance (SFI is approximately $420 per month) and a medical service card. In some instances seniors may be assisted to apply for Assured Income for the Severely Handicapped (AISH or disability), which provides approximately $850 per month. In the case of immigrant sponsorship breakdown, income support can also be arranged.

The length of stay at the transition house is two months, although this can be extended if required. During this time the staff person and volunteers work extensively with the seniors to assist them in developing the skills to live independently. For example, residents may need accompaniment to change bank accounts, make legal arrangements, do grocery shopping and become familiar with the new neighbourhood of the Seniors Safe House. Staff have learned that seniors who have been abused are often very dependent on the abuser for shopping, banking and transportation to appointments. In order to break this dependency, new routines need to be established and new services accessed.

The YWCA has a peer support program that trains volunteer seniors to work with seniors who have been abused. Three such volunteers are now attached to the Seniors Safe House, providing support several afternoons a week. They assist the residents to fill in forms, accompany them to appointments, and/or provide companionship.

The Seniors Safe House collaborates with the Cultural Brokers, a group of health care practitioners from different ethnic backgrounds who collaborate to ensure that health issues are addressed in the various ethnic communities in Edmonton. The Cultural Brokers are available to Seniors Safe House residents to provide information about and assistance with a wide variety of physical and mental health care issues. In addition, Seniors Safe House staff and volunteers receive training on diversity issues. Translators are used as needed.

Safe House residents receive priority with the Greater Edmonton Foundation, the municipal body that provides subsidized housing for seniors, thus most residents are able to move on to their own units within the 60-day period. After the move, staff and volunteers provide community outreach and follow-up for a further three months. They assist the seniors in setting up systems for grocery shopping and banking and accessing transport and services in the new area. After this time, most seniors are connected to local senior outreach services. However, many clients keep in touch on an informal basis.

The City of Edmonton has an Elder Abuse Consultation Team made up of approximately 30 services that work with seniors, including Veteran's Affairs, Canada Pension, the Public Guardian, the Glenrose Hospital, the Family Violence Prevention Centre, the YWCA Peer Support Program, and the Safe House. The group identifies gaps in service for seniors experiencing abuse and provides advice to members to help address particular situations. Members of this group advocate for Safe House residents when needed.

Outcomes, Findings, Issues, and Challenges

Statistics from the time of opening until May 2003 revealed that:

- The average length of stay was 58 days.
- The average age of residents was 68.
- 50% of the clients had experienced spousal abuse and 50% had experienced abuse from children, grand-children or other family members.
- In 70% of the cases, financial abuse was a factor as well as physical or emotional abuse.
- 30% of the clients were male.
- Residents included people of Aboriginal, East Indian, African, Chinese and Spanish origin.

By the end of 2002, 34 residents had used the Safe House. Of these,

- 30 were continuing to live independently in the community, two had gone back to their former situations, one had returned to the abusive situation but later left again, and contact was lost with one person.
- Staff believe that the high rate of success is due to the intensive support and case management that is offered at the Safe House. The fact that the seniors have their own self-contained apartments rather than shared accommodation is also considered to be one of the key ingredients for success.

Initially, the program planned to use units that were scattered in different communities. However, staff and volunteers found that they spent much of their time traveling between apartments. In addition, the seniors who were fleeing abuse often wanted to move to a new neighbourhood.

Funding

The Greater Edmonton Foundation provides the apartments, maintenance, and cleaning services for the Seniors Safe House. (The Foundation has 15 seniors' apartment buildings across the City.) The Edmonton Housing Trust Fund provides the salary for one full-time staff, food costs, telephone and Telecare costs, and a contract with the Victorian Order of Nurses. Funding for an additional staff person is being sought.

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Beatrice House

Beatrice House is located in a large renovated school building in northwest Toronto. With 80 beds in 27 rooms, it offers accommodation to 27 mothers (aged 19 and over) and their children. A day care is located on the main floor, as well as kitchen and dining facilities, offices, and common space. Meals are provided in a communal dining room. The top two floors are used for family accommodation. An outdoor play area is accessible to children in the program as well as children and youth from the surrounding community.

The focus of the program is twofold:
- early childhood development; and
- training and education that will increase economic opportunities for the mother.

The program seeks to provide a comprehensive living, working and learning environment for single parent families. The focus is on at risk children and their mothers. Program activities at Beatrice House are based on the belief that good programs for children and healthy parenting will improve the outcomes for children. Education for the mother is seen to be key for improving opportunities for the entire family.

Most of the women who use the services of Beatrice house come from shelters or are at risk of becoming homeless. The program, which opened in 2000, is based on a model from New York developed by Homes for the Homeless, a private non-profit organization. Homes for the Homeless is dedicated to reducing homelessness and poverty by providing families with the education and training that will enable them to build independent lives. In New York, the organization provides transitional housing for over 540 homeless families through four American Family Inns. Beatrice House is the only model of this type in Canada.

Women residing at Beatrice House must be committed to furthering their education through employment training programs, school upgrading, apprenticeships, or college, and enrolling their children in the early childhood development programs available at Beatrice House. Staff provide supportive counselling, offer referrals to education and employment programs, discover job market opportunities, and develop short and long-term goals with the women. Two full-time staff work with the women on employment related issues.

Typically, about two-thirds of the residents participate in outside training or employment programs or attend schooling of some type. Those who are not registered in outside programs are required to attend the in-house workshops, which average about two and a half hours per day. These include a program called You Make the Difference that focuses on the interaction between mothers and children, a family literacy program that provides information on child development and school preparation, cooking classes, budgeting, banking, nutrition, stress-management and employment related workshops. Mothers are also encouraged to volunteer in the Early Childhood Development Centre. Tutoring in math and English is available two afternoons a week.

While women are engaged in school or training programs, children up to age five are cared for in the Beatrice House day-care. School age children are enrolled in local schools. They may also attend an on-site after school program. Mothers also receive support with parenting issues and are encouraged to participate in the many programs offered in the Centre. When families leave the program, they are automatically granted a child-care subsidy, which is portable for up to three-weeks after they move. This means that mothers who are attending school or working can more easily access day-care in their new neighbourhood.

Fathers can visit their children in the day-care or in the common areas on the main floor. Mothers and their children may have an overnight pass twice per month.

Housing workers assist women who are ready to move to independent housing in the community. One of the goals of the program is for women to be self-supporting (not on social assistance) when they move. Past residents may receive counselling and support for up to two years. The support worker delivers a Good Food Box (a box of fresh fruits and vegetables from Food Share) once a month.

Beatrice is one of the larger transitional housing facilities in Toronto with a staff of 23 full-time equivalents (FTE). Of these, 10.5 FTE are assigned to work in the child-care center; others are employed in the residence, food services, administration, and counselling services.

Outcomes, Findings, Issues, and Challenges

Beatrice House is a relatively new service and does not yet have comprehensive statistics. However, the following trends have been noted:

- Although women may stay in the program for up to two years, the average stay to date is six months. Some women are able to access subsidized housing while others find accommodation in the private market. Larger families tend to move on more quickly.

- The parenting and early childhood development aspects of the program have been very successful, and the programs for children help with school readiness. It has been more difficult to address the diverse learning and employment related needs of the women. To date, two women have received nursing degrees and a number have graduated from community colleges.

- Staff have found it difficult to determine who will benefit most from the program. Because of the shortage of affordable housing in Toronto, some women are more interested in the housing aspect of the program than in the educational or training components.

Funding

The building is leased from the Toronto District School Board. One condition of the lease stipulates that the community must also be involved in the program. Initially opposed to the project because it meant the loss of a neighbourhood school, community members have become involved in planning an outdoor playground that will also be used by neighbourhood children. Art Starts also offers an art program for Beatrice House and community children.

In 2001, Beatrice House received $486,000 from CMHC's Shelter Enhancement Program. It receives a hostel per diem from the City of Toronto as well as funding from Children's Services for the licensed child-care centre.

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Native Child and Family Centre of Toronto

> *In 1985, the Child and Family Services Act was amended to recognize that Indian and Native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and Native children and families should be provided in a manner that recognized their culture, heritage and traditions and the concept of the extended family.*

Native Child and Family Services of Toronto (NCFC) is Ontario's only full-service off-reserve child welfare initiative that is controlled and managed by the Native community. The service model is culture based and respects the values of the Native people, the extended family, and the right to self-determination. There are an estimated 60,000 status Indians, Metis, non-status Indians, and Inuit in Toronto. NCFC offers a range of programs for children and adults including a youth drop-in, a summer camp for youth, youth outreach and support, a preschool program for children of Aboriginal descent, a culture based healing program for individuals and groups, 7th Generation Image Makers (an art program that creates indoor and outdoor Aboriginal murals and artwork), Kognaasowin — a parent support program, a Native Learning Centre that prepares students over 20 years of age to write the Ministry of Education's high school equivalency test, and a Native Alternative School that operates in conjunction with Jarvis Collegiate.

Within this continuum of services, NCFC provides transitional housing for 12 male Aboriginal youth between the ages of 16 and 24 (most tend to be between 18 and 21). More than 90% of the youth are dealing with addiction issues, and the majority has experienced troubled childhoods in foster care and group homes as well as abuse and homelessness. They may stay for up to 18 months in the transitional housing project.

The program is located in a large old home in Toronto's west end. There are single and double rooms (and one triple), common space, a communal kitchen and a back yard. A mentor lives in the house five days a week and is available to the youth on a 24-hour basis if needed (part-time staff cover the other hours). The role of the mentor is compared to that of an elder or grandmother. She is available to listen to the youth, to ensure that house rules are followed, and to promote healthy relationships within the house. She also runs a group that is similar to an AA meeting. Elders also come to the house to participate in Talking Circles with the youth. Issues such as cultural abuse may be dealt with at the Circle meetings.

Youth may be referred through an agency or they may approach the Native Child and Family Centre on their own. A prospective resident meets with the house Coordinator and the mentor to determine both short-term and long-term goals for their stay at the house. Some of the youth may need drug or alcohol treatment before they are admitted to the house, and others may find that they need to take a break from the program in order to attend a treatment program. In such cases, an individual's space will be held while he is away at a program.

While in the house, youth must attend school or job readiness programs or work. They must do chores and participate in a weekly house meeting as well as comply with an 11 p.m. curfew. The youth work with a case manager to ensure that they are following the plan they developed when entering the program.

No drugs or alcohol are allowed in the house, however, staff have adopted a harm-reduction approach in their work. They encourage the youth to examine how drinking and drugs affects their lives and try to connect them with counsellors and therapists in the Aboriginal community. Because Native Child and Family Services offer a variety of programs, youth are able to obtain support in a number of ways. In the summer, many attend the NCFC camp.

Outcomes, Findings, Issues, and Challenges

Over time, more structure has been introduced to the program. The staff have found that the program requires a balance between support and rules. They emphasize the importance of giving youth time to process the consequences of their actions and to allow them to assume more ownership and autonomy. Staff have found that a flexible approach is much more successful than a rigid structure. The youth see themselves as part of a team in which everyone has a part to play and they hold each other accountable for their behaviour. The initial residents had considerable input into the policies and procedures of the house.

Staff have found that it is very difficult to provide service to youth with active addictions, particularly those addicted to crack. These youth are referred to a treatment program before being admitted to the house.

After two years of operation, the program is at a point where discharge plans are being made with many of the residents who have been in the program for approximately a year. The staff work with residents to find housing in the private market or in the non-profit sector and offer additional post-program support. Because Native Child and Family also offers a youth drop-in in downtown Toronto, many of the youth keep in touch with the service through the drop-in.

Approximately 18 to 20 youth have been through the program since the house opened. The first year presented many challenges as the operations of the house were ironed out. Of the first group of youth to go through the program, two have gone on to college, a number went into treatment and followed up with pre-employment programs, and five or six returned to the street.

It is anticipated that the second group of youth to graduate from the home will have a higher success rate (i.e. obtaining work and staying off the street) as many of them have completed treatment programs and stabilized at the transition house.

Initially, the neighbours were opposed to the project, but since opening there have been no difficulties with them.

Funding

The transition house required extensive renovations, as it was an illegal rooming house before being purchased by Native Child and Family Services. Capital and operating costs have been provided through SCPI funding, the Aboriginal Homeless Fund, United Way and the City of Toronto's Hostel per diem.

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Staff and residents at the Tree of Peace Ceremony, Conference on Domestic Violence, May 2003.

Romero House

> *There is an African saying that it takes a village to raise a child. We say it takes a neighbourhood to welcome a refugee.*
>
> *Mary Jo Leddy, Director of Romero House*

Romero House has been operating since 1992, offering shelter and support to refugees just arriving in the country. There are currently three houses and a large apartment located in the Keele and Bloor neighbourhood of Toronto. The houses and the apartment are divided into units so that each family has their own private space. Units are accessible from a common entrance and each house has a common living room. Singles share units with volunteers who live in each residence. Approximately 30 individuals (families and singles) can be accommodated at one time.

The goal of Romero House is to provide a safe, supportive, home-like atmosphere where refugees have the opportunity to connect with other refugees and volunteers and develop community connections that will sustain them when they move to independent housing. The resident volunteers work with the new refugees to navigate the complex refugee claim process, register children in school, and access health care, social services and English classes. Interpreters also familiarize new residents with the services of Romero House and introduce them to the other residents and people in the community who speak their language. Often the interpreters are former Romero House residents who return to volunteer their services.

Once the refugees are settled, volunteers work with them to find reputable lawyers, assist in documentation of cases, and offer accompaniment to immigration hearings. They also help in the search for apartments. Residents usually stay between six months and two years, with the average stay being one year. Romero House can provide short-term loans for first and last months rent to people moving out on their own as well as transportation to move furniture from the Furniture Bank to the new accommodation.

For those who are refused refugee status, support is offered in appealing decisions or filing for stays of deportation while the refugees make decisions about their future.

Emphasis is placed on the development of community and on shared celebrations, such as Thanksgiving and Christmas dinners, a liturgy at the end of each month, potluck dinners, a week-long summer camp, a women's group and parties to celebrate positive decisions from the Refugee Board. Once people have moved on to their own housing, they are welcomed back for these special events.

The staff consists of a Director, an office administrator and eight interns/volunteers who work full-time in return for room and board and a small stipend. The internships are for 11-month periods, which may be renewed. Interns come from around the world as well as from across Canada. The time they spend at Romero House is intended to be a transformative experience for them as they gain first-hand experience working on social justice issues and participating in a multifaith, multiracial community. In addition, there are part-time volunteers who provide tutoring in English, offer art programs for the children, drive people to appointments and help with job searches.

In 2002, Romero House opened a Community and Refugee Resource Centre on Bloor Street in Toronto's west end. It offers information about Romero House, referrals to community services, computer access, and the opportunity for residents and ex-residents to meet and visit with each other. Space for meetings is available to community groups such as the Bolivian Circle, the Burundi Prayer Group, and the Dundas West Residents Association.

A neighbourhood billeting program is planned for the future to expand the transitional housing options of newly arrive refugees.

Staff noted that there has been a great change in attitude in the neighbourhoods where the houses are located. Some neighbours, who were initially very opposed to having a house of refugees in their midst, now support the organization and volunteer their time. Neighbours are also invited to events at the houses so that they can become acquainted with the newcomers. At the same time, refugees have the opportunity to get to know ordinary Canadians. The Street Called Wanda Festival is now an annual street event organized by the neighbours of Romero House.

Romero House is very involved in lobbying for changes to the refugee determination system. They also offer public education about the situation of refugees in Canada, attempting to counter some of the negative stereotypes portrayed in the media. Since the U.S. changed its policies and practices for dealing with refugees, more of them are appearing at the Canadian border after being uprooted from the United States.

Outcomes, Findings, Issues, and Challenges

Some client and program characteristics:

- Approximately 70% of refugees using Romero House enter through the U.S.
- 75% of those residing at Romero House are families.
- Approximately 25% of refugees are dealing with mental health issues.
- From February to September 2002, 45% of the residents spoke Spanish as their mother tongue (most were from Columbia and Mexico), 13% spoke Swahili, 12% Urdu, 10% Russian, 10% Portuguese (from Angola), 5% Turkish and 5% Korean.
- From February to September 2002, 50% of refugees were between the ages of 26 and 45, and 20% were under 16.
- One intern estimated that it takes most refugees between two and three years to become established in Canada.
- Average stay at Romero House is approximately one year.

Of the residents who have used the program,

- About 90% received positive decisions from the Refugee Board, in contrast with the national average of 46% reported by the Immigration and Refugee Board.
- A study funded by the Maytree Foundation found that refugees who stayed at Romero House were comfortable and developed a sense of home and security, in contrast to their time in homeless shelters where they felt fearful and experienced more stress.

Funding

Tenants pay rent-geared-to-income rates for their housing, which is subsidized by the Ontario Ministry of Housing. A grant from the Homelessness Initiatives Fund of the City of Toronto provides funding to cover rent, food and health needs until residents are eligible for social assistance. The Canadian Auto Workers donated capital towards the purchase of the drop-in centre. Donations from individuals and the religious community cover the bulk of operating costs. Volunteer interns provide essential staffing.

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Romero House Storefront Office

Appartements supervisés Augustine Gonzalez

Appartements supervisés Augustine Gonzalez is a housing service managed by the Service intégration à la collectivité (SIC), an organization working with youth at risk in Montreal. They offer street intervention, support, help with finding employment, and coordination with various community services.

They also operate two housing projects: la maison Odyssée for young men and women (13 to 17) and the supervised apartments, Augustine Gonzalez, for young pregnant women aged 16 to 22. Founded in 1998, the apartments are named after a feminist activist from the Petite Patrie neighbourhood. Augustine Gonzalez was a Spanish immigrant who overcame many personal and societal obstacles to become a social worker and who dedicated many years to working with teenagers within the area.

The Augustine apartments provide safe, secure and affordable housing to young women who are going through a first pregnancy. Priority is given to women who are at the beginning of their pregnancy and living in precarious conditions. Most have unstable housing situations and either use shelters or stay temporarily with various friends and relatives. Some of them have been rejected by their families, while others live with their boyfriends in difficult and sometimes violent relationships. When the service opened, most of the women came from the immediate neighbourhood, but now women from all over Montreal and from a wide variety of ethnic backgrounds stay at Augustine. The length of stay varies from 12 to 18 months.

The main goals of the program are to ensure a healthy pregnancy and the delivery of a healthy baby, establish strong bonds between mother and child, and develop the young mother's autonomy. The program seeks to support the young mothers through the pregnancy and during the first few months after the baby is born; create a support network among the residents; encourage the mothers to voice questions or concerns about their own health and the health of their child; address questions or concerns about child rearing (care, stages of development, early education); and improve the educational, training, employment, and housing opportunities for the mothers and their children.

The residents must demonstrate a certain degree of motivation and independence to live in the Augustine apartments. To be admitted, a young woman must phone and explain her situation to the worker. When there is a vacancy, she is invited to visit the apartment and to have an interview with the counsellor. She is then asked to return for an interview with four counsellors from SIC, who are responsible for making a final decision on admission. The applicant must agree to follow an established code of conduct specified in a contract she signs. She must prepare a budget, pay her rent (25 % of her income, most often welfare) and establish a plan to obtain the assistance and support she needs.

The housing consists of seven bachelor apartments, located on one floor of a low-rise apartment building on Papineau Street. An eighth bachelor apartment is used as an office for the workers. Women live in the apartments during their pregnancies and return to them with their newborns. There are also two second-stage apartments on rue Marquette (a one bedroom and a two bedroom apartment) to which women can move after their stay on rue Papineau if they need ongoing support to achieve their goals of resuming or continuing their education.

The staff consists of two full-time counsellors who are on the rue Papineau premises during weekdays. They work with the young women to help them define their goals for the next three months. This might include developing general life skills (e.g. performing household chores, improving nutrition), accessing information on existing resources, registering in a prenatal course, or preparing a budget. The counsellors also organize activities such as simulation games showing mother-child relationships, visits from health care professionals (often from the centre local de services communautaires - CLSC), as well as outings and other recreational activities.

The staff meet once a week with each woman to discuss any issues or concerns she may have and to find out how she is progressing with the plan she has defined.The counsellors have regular meetings with the director and the coordinator of the SIC who monitor the operation of the program; the counsellors keep a daily log of their work concerning the women and they have a formal meeting once a week to review the files and ensure coordination of their intervention.

For the women living on rue Marquette, the goals of the program are to offer support when a woman returns to school and to encourage the development of a healthy relationship between mother and child.

The staff do not work with the partners or the families of the residents. However, the young women have recently asked the counsellors to develop some activities for the young fathers.

Over the years, the Augustine apartments have developed good working relationships with the CLSC and the young women can access services quite rapidly. A nurse from the CLSC visits the young mothers every week and organizes workshops in the apartment-office. There is also a strong partnership with le Groupe d'entraide maternelle, a peer support group that finds a "godmother" for each young woman.

Former residents come occasionally to visit the present tenants and offer support. Such visits also provide an opportunity for staff to keep informed of the progress of former residents and provide support to them.

Outcomes, Findings, Issues, and Challenges

Assessment of the program's success is based on the health and well-being of the children and their mothers. For the women living on rue Marquette, a return to school or continuation of studies is considered a success. To date, there has only been one complaint made to the Direction de la protection de la jeunesse (child protection branch) about a woman who resided at Augustine. The staff consider this to be a remarkable outcome considering the precarious situation of many of the women when they start the program.

Every year the organization receives hundreds of requests for accommodation, although it has only nine apartments to offer. In Montreal, organizations that have similar services are closing down, restructuring, or reducing their services. There appears to be increasing need and fewer resources.

Over the years, it has become evident that it is difficult for a mother to live in the bachelor apartments of rue Papineau with a baby, especially a toddler. The SIC is therefore planning a move (during the winter of 2003/2004) to a building which has 11 two-bedroom apartments. In the new building, the apartments will be located on four floors. The present situation where all the apartments are on the same floor facilitates informal interactions among the residents and between the residents and the staff. The staff will seek new ways to ensure the same level of openness and spontaneity in their work among the residents in the new environment.

The organization is also examining the question of balance between the short-term needs of the residents during the 18 months they may be at Augustine and their follow-up and ongoing support needs. Unfortunately, the residents do not have priority in accessing social housing (HLM - habitation à loyer modique) because they are considered to be living in subsidized housing while at Augustine.

Funding

The building on rue Papineau belongs to the municipal corporation CHAPEM. The SIC is the official tenant of the apartments and the residents pay their rent to SIC. Other community organizations are also located in the building. The SIC had a total budget of $500,000 in 2000, including the two housing programs – Augustine Gonzalez and Odyssée. Most of its revenue (85%) was generated from service contracts, grants, and government programs; the remainder from fundraising (12%) and rent (3%).

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Le Chaînon – Transition Unit and Maison Yvonne-Maisonneuve

In 1932, Yvonne Maisonneuve founded a home for young women who were moving from the rural areas of Quebec to work in Montreal. Over the years several other services were added, including emergency shelter for mothers and children, a home for young girls, and a home service for the disabled and elderly. In the early years of the program, the work was done entirely by associates, who were laywomen dedicating their lives to the well-being of those in need. Some of the services were eventually closed as government and other organizations took over the provision of social services.

During the 1970s, the organization went through major changes, hired professional social workers to complement the work of the associates, focused its intervention on single women, and adopted a new name. Today, le Chaînon offers a continuum of housing services from emergency to long term.

Transition Unit

The Transition Unit can accommodate 16 women, who have experienced a period of homelessness or another crisis situation. The stay is from three months to one year, depending on needs. The average age of the women using the service is 39. Residents are women who have used the emergency services of le Chaînon or are referred by other community services. Le Centre Dollard Cormier, a community treatment centre for alcohol and substance abuse, has an agreement with Le Chaînon for access to six beds. These are reserved for women who are not ready to participate in the treatment program, as they first require a stabilizing period.

The unit is located on rue l'Esplanade, facing a park at the foot of Mount Royal. The three-story building is a former hospital that belongs to the Order of St-Sulpice. The Order has provided the building rent free to Le Chaînon since 1975. The building accommodates the emergency and the short-term unit, as well as the Transition unit that occupies the third floor. In the Transition unit, each woman has her own private, fully furnished room that can be locked. There is a kitchenette on the floor, where the residents can cook for themselves, and a common living room with TV, a few games, and a smoking area (smoking is not allowed in rooms and other common areas). There is also a laundry room and a very large balcony where some women have started a patio garden. The common bathrooms and showers are spacious and modern. In addition, the residents can use the facilities of the emergency shelter and short-term unit, which include a cafeteria where breakfast and supper are served at cost, plus a large well-equipped recreation room. The residents pay rent on a geared-to-income basis to a maximum $310 per month.

Upon arrival at the Transition unit, women are expected to establish a plan for developing increased autonomy, e.g., social integration, job training and employment, accessing treatment or other services. The plan determines the length of stay and is reviewed every three months to assess a resident's progress, solve problems, or terminate her agreement if she does not comply. There are three full-time counsellors (and part-time staff for weekend coverage) attached to the unit to assist with referrals, assess progress and offer support.

Outcomes, Findings, Issues, and Challenges

$ The Unit organizes a *fête de retour* (a 'welcome back' celebration) every month when all former residents can come and have supper together. This allows an informal follow-up and fosters a sense of community. It also allows staff to assess the success of the program.

$ Small practical projects, like the patio garden, appear to be more efficient in fostering peer support and cooperation than structured support groups or meetings.

$ Staff have noted that family ties may be somewhat restored when women start the recovery or stabilization process. To this end, women are allowed to have out-of-town relatives stay with them for a few nights, and cots are provided.

$ Emergency response services in Montreal (e.g. Detox, psychiatric and medical services) have improved, and the organization is able to get immediate assistance for residents in crisis, but there is not enough transitional and long-term housing. Residents must wait for long periods to obtain the help they need to tackle their issues effectively.

$ It is estimated about 80 % of the women have benefited from the program, in that they have not gone back to live on the street, they have been able to stabilize their lives, they have reconnected to their family and to support systems to some degree, and they have accessed services (training, psychiatric services, addiction treatment, etc.). The majority of residents also keep in touch by phone with the counsellors after their stay.

Maison Yvonne Maisonneuve

La Maison Yvonne-Maisonneuve is a transitional or long-term housing program that can accommodate 14 homeless women. Most of the residents are older women (between ages 60 and 80) who have mental health issues and/or a physical disability. All have lost a certain degree of autonomy, but are capable of living semi-independently with assistance.

The tenancy is not time limited, and because of physical and mental limitations, the residents usually stay until they obtain housing that offers a higher level of support services. The CLSC (centre local de services communautaires - local community service centre) is usually involved in assessing the situation and searching for an adequate placement. It also organizes homecare for women who need it. For many of the residents, the period spent at Maison Yvonne is a temporary interlude while waiting for seniors' housing or nursing home accommodation. For others, it is secure housing that gives them time to stabilize and offers a level of support that helps them maintain as much autonomy as possible.

The Maison occupies a three-storey house at the corner of St-Denis and St-Joseph (near a subway station). Each floor has a separate entrance. The building is old, some rooms are small, and the overall layout is not very convenient. The organization has made a choice to dedicate as many rooms as possible to tenants, which means that storage, office, and communal space is kept to a minimum. Each tenant has a furnished bedroom with some limited cooking facilities (microwave, electric kettle and mini-fridge). There are common bathrooms on each floor.

On the second floor, there is a common kitchen where staff prepare breakfast and supper, available to residents at a minimal cost. Most residents take advantage of this option. As many of the women suffer from malnutrition, the availability of regular prepared meals helps to address health needs.

The house is staffed by two full-time workers during the day and three part-time workers during the evening and night. The role of the staff is to follow up on care (medication, personal hygiene), offer ongoing support, manage conflict, and provide referrals to health care services if needed. They also prepare meals and clean (with the help of volunteers, when possible).

Residents and staff are awaiting a move (scheduled for the fall of 2003) to a new location at the corner of Rachel and De Bullion. A new and bigger house being built for Maison Yvonne Maisonneuve will provide women with improved accommodation, some common areas (living room/TV room), better access for disabled and frail tenants, an office for the staff, more storage, and a more efficient layout.

Funding

The organization as a whole enjoys strong corporate and community support. The total budget including the emergency shelter, short-term accommodation, transitional housing and long-term housing is approximately $1,600,000 a year. The Fondation J.A de Sèves, created for fundraising purposes, provides $600,000, and the rest is raised through the store Le Coffre au Trésors (sales of new and used goods) and various fundraising events. The organization benefits from the dedication of two high profile and well-loved artists, the humorist Yvon Deschamps and his wife Judi Richards, who have been spokespersons for the organization since 1971. The organization also receives donations in kind (weekly donations of food from grocery stores, bedding, etc.). It can also count on the dedication of hundreds of volunteers who provide 32,000 hours a year in the different housing units (cooking, cleaning, repairing), in the store, and at various fundraising events.

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4.0 Research Gaps and Conclusions

As identified below, major research gaps limit our ability to assess the effectiveness of transitional housing as a means of addressing homelessness in Canada. Our subsequent concluding summary points, based on the literature review, inventory, and case study material, are therefore tentative.

4.1 Research Gaps

The lack of rigorous research on outcomes makes it difficult to evaluate effectiveness

The knowledge base for transitional housing practice and research is still too limited to ascertain which practices and program models are most effective in helping formerly homeless people to stay adequately housed. Published studies frequently lack control or comparison groups. "To assess the effectiveness of transitional housing requires research designs that control for other factors that may influence outcomes while comparing transitional housing programs to policy-relevant alternatives" (Barrow and Zimmer 1999: 4).

Case management is a common program component, but its connection to outcomes is not known

Case management is a core component of the vast majority of transitional housing programs and the factor most often cited by program directors as contributing to client success (Matulef et al. 1995, Datta and Cairns 2002). However, how it does so is unclear. We lack studies that would clarify the effects of various styles of case management and to determine which aspects of case management or its elements may be fundamental requirements for resident success.

Long term effects of transitional housing are unknown

There is insufficient data about whether people are able to maintain their housing over the long term. The challenge is to devise valid indicators and outcome measures of the long-term success or failure of housing assistance programs and of specific service practices and designs (Griggs and Johnson 2002).

4.2 Conclusions

Transitional housing is conceptualized as an intermediate step between emergency crisis service and long-term permanent housing, whose fundamental objective is to establish residency stability. It combines short-term housing and support services, which vary in type and degree of flexibility, for people who 'are not ready' for permanent housing; or, to its critics, for people who may simply lack access to housing.

Transitional housing programs are more effective than services alone

Short-term provision of housing is more effective in ending homelessness than services alone, although the evidence for this is limited. A comparison study of participants in transitional programs for the street homeless in New York City found that close to two-thirds of the experimental group members, who were provided with temporary housing as well as access to support services, were living in permanent housing three months after leaving the program, compared to only one-third of the comparison group members who had received the same level of services but were not provided with temporary housing (Barrow and Soto 1996).

Evidence of short-term success in improving housing status

Virtually all evaluative studies of transitional housing have demonstrated some degree of post-program improvement in housing status and a significant reduction in the number of residents who return to a state of homelessness on exiting the program. Overall, about half of participants go on to permanent housing; a much higher proportion obtain housing among those who complete their programs (Barrow and Zimmer 1999).

Some transitional housing projects have been able to provide subsidized housing or housing subsidies for their graduates; not surprisingly, these projects have higher rates of success in terms of achieving permanent housing. All programs offer assistance in locating and obtaining housing, but not necessarily housing that is affordable or desirable to participants. Some programs that encourage chronically homeless people with severe mental illness to accept moves to supportive housing have met resistance from residents who would prefer conventional private sector rentals, even though such accommodation is generally unaffordable with their low incomes (Barrow and Soto 2000).

It is unknown whether improvements in housing status are maintained over the long term, but the small number of studies that have followed former residents, usually for a period of three to twelve months post-program, have shown only a small degree of drop-off in housing status during that relatively brief time.

Only modest improvements in financial independence

Improvements in financial and employment status have been modest, especially among families. A variety of other changes in behaviour, acquisition of skills, or health status have been reported. Whether transitional housing is the best means of promoting such change is unknown.

Canadian experience and research is limited and questions the appropriateness of the model for families

As a method of preventing or addressing homelessness, transitional housing is a relatively new model of service provision in Canada. Consequently, documentation of existing projects is quite scarce, evaluative studies even more so. In part, this is because service providers lack the funding and other resources to conduct program evaluation.

Both Rice (1987) and Wiltshire (1993) concluded their respective studies of a transitional housing project by questioning the appropriateness of the transitional housing concept for families and suggested that the provision of permanent (subsidized) housing with transitional support services best promotes the development of stable social connections and neighbourhood supports.

Permanent housing and community services are critical to success of transitional housing

There is a broad consensus that transitional housing can only be an effective component of the range of resources required to prevent homelessness if adequate permanent housing and supportive community-based services are also available (Barrow and Zimmer 1999, Nesselbuch 1998).

Canadian – U.S. differences in transitional housing

It appears that the Canadian experience of transitional housing projects differs in some respects from that in the United States.

There are proportionately fewer projects for families versus individuals in Canada, likely due to the higher costs of housing and support service provision for families, and, until recently, the absence of government funding to develop transitional housing or to target programs for homeless families.

There may be more projects, proportionately, for single youth, although, if so, it is unclear why.

There may be a higher proportion of flexible programs that focus on access to services rather than individual change in behaviour. Key indicators of this distinction are eligibility criteria, the extent and rigidity of rules and restrictions, and the basis for involuntary program discharges. Programs that focus on behavioural change or treatment usually require applicants to demonstrate motivation and mandate participation in daily program activities. Programs that focus on access to services are more flexible about program compliance, more forgiving, and less structured. Some conduct outreach to entice those estranged from the service system to enter a program and only gradually encourage any change in individual behaviour.

Appendix A

Inventory of Transitional Housing Projects in Canada

The following inventory provides a selection of 78 transitional housing facilities located across the country. It includes settings for various groups, including:

- single women and single men who have been homeless or who are at risk of homelessness,
- young mothers and their children,
- fathers and their children,
- people with addictions,
- people with disabilities,
- people with HIV/AIDS,
- seniors leaving abusive situations,
- Aboriginal people,
- people with mental illness
- youth,
- refugees, and
- new immigrants.

This inventory is not exhaustive, but it details a variety of services with some representation from almost every province and territory. Telephone interviews were conducted with staff from each of the housing projects included in the inventory to gather basic information.

Where available, the inventory includes information on: date the project opened, target population, program requirements (enrollment in school or addiction program, etc.), number of residents, length of stay, age range, gender, and other statistics.

The inventory is organized according to province, from east to west.

In the index located at the end of this section, the programs are listed according to the group served and cross-referenced by demographic categories.

Newfoundland and Labrador

ACCESS House, St. John's

Since 1985, Access House has offered transitional housing for eleven people aged 19 and over with mental illness. The goal of the program is to assist the residents in developing skills so that they may live more independently. Group and individual programs are offered on topics such as stress management, budgeting and cooking. Residents are also encouraged to be involved in employment training programs, school, or volunteer activities outside the house.

The program is located in a large three-story house that offers shared rooms, a kitchen and common space. Staffing is provided on a 24-hour basis. Most residents stay for approximately a year before moving on to non-profit or private housing. Referrals are accepted from across the province.

Contact:
Ellen Gillis, Director
133 Empire Ave., St. John's, Newfoundland and Labrador, A1C 3G1
Phone: (709) 838-4146

Carew Lodge, St. John's

Carew Lodge is located in a former rooming house that has been renovated by the Stella Bury Corporation (a non-profit housing provider) in St. John's to provide 14 self-contained units for single men and women who are homeless or are at risk of homelessness. Some residents are considered to be "hard-to house." Most residents are between the ages of 23 and 45. There are slightly more men than women in the units. The majority of residents are in employment or education programs but this is not a requirement. The Lodge opened August 1, 2001. Most residents are expected to stay two to three years although the length of stay is flexible. Community development staff assist residents in obtaining long-term accommodation.

Carew Lodge received and repaid $23,700 in proposal development funding from CMHC's Partnership Centre.

Contact:
11 Carew St., St. John's, Newfoundland and Labrador, A1C 3N5
Phone: (709) 738-5055
Fax: (709) 738-4238
Email: info@carew.nf.net

Prince Edward Island

Kay Reynolds Centre, Charlottetown

The Kay Reynolds Centre provides 16 one-bedroom and 2 two-bedroom transitional housing units for people with physical disabilities. The project was complete in 1993 and is named after an activist in the disability community who was one of the developers of this and other services. All units are wheelchair accessible. Residents may arrange for outside nursing care as needed. Support is available to assist people in making the transition to more independent living. Although the program initially had a two-year limit, people are now staying up to six years. The gender ratio is approximately 50/50, and residents range in age from 28 to 60 years. CMHC provides subsidy to the residential portion of the Centre.

Contact:
Betty Smith
30 Woodward Drive, Charlottetown, Prince Edward Island
Phone: (902) 566-4729

Harvest House Ministries, Charlottetown

Harvest House Ministries in Charlottetown provides housing for eight men who are experiencing a transition such as leaving a marriage, coming out of jail or a treatment program, or relocating to the province. The accommodation is in a boarding-house setting located above the Harvest House Ministries' drop-in centre and office. There is a live in staff as well as counsellors available at the drop-in centre. Residents pay $280 per month if they are working or on social services. Criteria are flexible according to the needs of the individual. A person coming from a Detox unit would be expected to participate in a recovery program while a youth might be enrolled in school. Length of stay is up to six months. Harvest House also has three apartment units that may be rented on a long-term basis for men graduating from the transitional housing program.

With Supportive Communities Partnership Initiative (SCPI) funding, Harvest House is in the process of opening four apartments that will provide accommodation for seven women in a building located across the street from the drop-in. An additional seven beds for men is planned for Summerside. Harvest House Ministries received funding in the amount of $96,000 from CMHC under the Roominghouse RRAP program.

Contact:
Darrell Williams, General Administrator
P.O. Box 2445, Charlottetown, Prince Edward Island, C1A 8C2
Phone: (902) 367-3093

Native Council of Prince Edward Island, Charlottetown

The Native Council of Prince Edward Island works in conjunction with the Nanegkam Housing Corporation to offer emergency/transitional housing to six Aboriginal people over the age of 16. A two-story rooming house (one floor for men and one for women) provides individual rooms with common kitchen, bathroom and living areas. No drinking or drugs are allowed on the premises. There is live-in staffing as well as support from the Education and Employment worker and the Substance Abuse worker at the Native Council. After a successful stay in the transitional housing, residents may move to self-contained rent-geared-to-income units operated by Nanegkam Housing Corporation. The program opened in November 2003. It received funding of $44,500 under the CMHC Shelter Enhancement Program.

Contact:
Jason Knockwood, President
6 F.J. McAulay Court, Charlottetown, Prince Edward Island, C1A 9M7
Phone: (902) 892-5314

Nova Scotia

Empire House, Bridgewater

Empire House in Bridgewater offers housing for seven youth aged 16 to 21 who are homeless or at risk of homelessness and who are enrolled in school. Bridgewater is a small community on the South shore of Nova Scotia, about one hour from Halifax. A number of agencies collaborated to obtain funding for the project after recognizing that youth had to move to move to Halifax if they wanted to participate in a transitional housing program. Empire House, which opened in June 2002, serves youth in Lunenberg County and Queens County. In the past year, 18 youth (ten male and eight female) have used the service out of a total of 44 referrals (who may also receive support until space becomes available). Many of the youth have come from the child welfare system and/or have left home because of abuse or conflict with their parents over sexual orientation or other issues. Substance abuse and mental illness are common. In addition to attending school, the youth are encouraged to volunteer or work. They are required to participate in meal preparation, yard work, and other activities associated with running the house as well as attend a Life Skill's program offered one evening a week. A variety of programs and resources are brought into the home and 24-hour staff are available. To date, the average length of stay is 85 days, and the average age of the youth is 18.

Contact:
Kim Willison, Program Supervisor, Empire House
48 Empire Street. Bridgewater, Nova Scotia. B4V 2L4
Phone: (902) 527-1327
Email: empire@ns.sympatico.ca

Marguerite Centre, Halifax

The Marguerite Centre is a 12-bedroom facility for 12 women over the age of 19 who are dealing with addictions. Most women have been homeless or were at risk of being homeless. The Centre, located in a large house, opened in November 2002 and is the only such facility in the Maritimes. It offers a woman-centered, holistic approach to healing and recovery that encourages women to "understand their addiction and abuse and create their own path to recovery and healthy living." There is currently a waiting list of 35. Women must participate in a daily program and there is zero tolerance of drugs or alcohol. The twelve-step model is encouraged. Length of stay is flexible. Counselling is available on a 24-hour basis. Family visits are encouraged, and a children's counsellor offers a Children's Healing Program to children of the residents Outreach support is available to women who have completed the program.

Contact:
Joanne Bernard, Project Coordinator
6955 Bayers Road, Suite 205, Halifax, Nova Scotia, B3L 2B8
Phone: (902) 455-0970
Email: margueritectr@ns.sympatico.ca
Website: www.margueritecentre.ns.ca

Phoenix House, Halifax

Phoenix House provides a continuum of care for homeless and at risk youth through seven programs which include: a prevention program that offers community education and therapeutic response to at risk youth and their families, a walk-in youth centre, a 20-bed emergency facility, a transitional housing facility for ten youth, a supervised apartment program, a learning and employment center, and a follow-up program. The ten-bed transitional housing facility for males and females was opened in 1987. The youth must be involved in school, training or work programs, or volunteer activities. Most are dealing with addiction or mental illness and need high levels of support. 24-hour staffing is provided. The supervised apartment program was added in 1992. It houses nine youth in two houses and one flat that provides communal living arrangements as well as a live-in staff. The youth are responsible for budging and meal preparation and they meet with a support worker on a weekly basis. The average length of stay is eight months to one year. Phoenix's Follow-up program (established in 1988) offers continued support and crisis intervention once the youth move out on their own.

Contact:
Timothy Crooks, Director; Dawn Lyons, Coordinator
P.O. Box 6006, Halifax Professional Centre
5991 Spring Garden Road, Halifax, Nova Scotia, B3H 4R7
Phone: (902) 422-3105

New Brunswick

Chrysalis House, Fredericton

Chrysalis House offers long-term transitional housing (up to three years) to eight young women between the ages of 16 and 19 who are homeless or at risk of homelessness. Many come from homes where they have witnessed violence or substance abuse. Program participants must be enrolled in an educational institution or training program. Volunteer work is also encouraged and residents are expected to participate in running the household (shopping, cooking) to some degree. Chrysalis House is connected to a variety of community resources, some of which provide programming in the evenings. Tutors from neighbouring colleges and universities also volunteer at the house three nights a week. There is 24-hour staffing. The program began in 1998 but was forced to close for periods in 1999 and 2001 due to a funding crisis. It re-opened in April 2002 with more stable funding arrangements.

Contact:
Irene Brenner
50 Morrison Street, Fredericton, New Brunswick, E3A 5T6
Phone: (506) 451-4767

Miramachi Youth House

Miramachi Youth House offers transitional housing for 18 youth, aged 16 to 24, who are working, attending school or searching for work. Many of the youth have experienced physical or sexual abuse and/or have mental health issues. 24-hour staffing is provided in the house. The youth share in cooking and cleaning. A plan is developed with each resident. This may involve the use of outside services or resources such as counselling, addiction treatment or mental health services. Length of stay is flexible provided the youth is under 24 years of age. A drop-in centre for youth 14 to 24 is located on the ground floor of the three-storey house. The transitional accommodation is located on the top two floors. The program opened in May 2002.

Miramachi Youth House received and repaid $21,500 in proposal development funding from CMHC's Partnership Centre.

Contact:
Kyley Harris, Communications Director
870 King George Highway, Box 1, Miramachi, New Brunswick
Phone: (506) 624-9909

Harvest House Ministries, Moncton

Harvest House Ministries offers transitional housing to singles and families who are homeless or at risk of homelessness. There are 12 women in an eight-room facility, 12 rooms for men in adjoining duplexes and four units for single parents and their children. Most people come to Harvest House from the shelter system. There are currently no requirements for participants although the program encourages residents to participate in outside programs or activities. Residents pay rent for their rooms. There is a volunteer house manager at each site who coordinates communal cooking and provides support. The program began in Moncton approximately eight years ago. There are plans to expand to Fredericton, New Brunswick and to Amherst and Digby, Nova Scotia.

Contact:
Cal Maskeri
Box 1774, Moncton, New Brunswick, EIC 9X6
Phone: (506) 850-9463

First Steps, Saint John

First Steps opened in May 2002 to provide homeless pregnant young women with a safe environment during their pregnancy and throughout the first year after the birth of their child. The organization purchased an old convent, which provides a warm home-like setting. Women up to the age of 29 can he accommodated, however, most women tend to be between the ages of 16 and 20. Women at the house must attend prenatal classes and see a doctor regularly throughout their pregnancy. Four to six months after the child is born, the women attend parenting classes, school or other appropriate programs depending upon individual needs. A social assistance allowance is paid directly to First Steps for each woman in the program. The organization in turn provides the women with a $110 clothing and comfort allowance during their stay.

First Steps received and repaid $10,000 in proposal development funding from CMHCs Partnership Centre.

Contact:
Sharon Amirault
120 Coburg Street, Saint John, New Brunswick, E2L 3K1

Quebec

Le Chaînon – Transition Unit and Maison Yvonne-Maisonneuve, Montreal

Founded in 1932 as a home for young women, le Chaînon has developed over the years to reflect the changing needs of women of all ages who are dealing with homelessness, violence, addiction, and mental illness. Today, it is an organization offering a continuum of accommodation: emergency shelter, short-term housing (a few weeks), transitional housing (from 3 months to a year) and long term housing at Maison Yvonne-Maisonneuve (supportive housing for vulnerable women). The transitional housing program accommodates 16 women who have private rooms, and share a common kitchen, living room and smoking room. They are women who have used the short-term services but need more time and support to regain their autonomy. Staff are available 24 hours a day to offer support, assistance and guidance. Most residents stay for a full year. (See Case Study section for further information).

Contact:
Jeannine Gagné
4373 de l'Esplanade Street, Montreal, Quebec
Phone (514) 845-0151
Email: chainon@ca.org

L'Avenue Hébergement Jeunesse, Montreal

Founded in 1985, L'Avenue Hébergement Jeunesse can accommodate 12 youth for a maximum stay of six months although the average stay is closer to three months. The program addresses emergency needs, as well as helping the residents to acquire the daily living skills required to live independently. The residents must agree to be supervised in their "plan of action", e.g. return to school, find work, etc. They must not have severe addictions or mental illness.

Contact:
Sophie Langlois, Co-ordinator
2587 Leclaire Street, Montreal, Quebec, H1V 3A8
Phone: (514) 254-2244
Email: maison@lavenue.qc.ca

Les Petites avenues, Montreal

Les petites avenues is a network of supervised apartments in the Hochelaga-Maisonneuve area of Montreal. The first "Petite avenue" was created in June 1996. Since that time five new apartments have been created, for a total of 23 spaces. The tenants are young people, 18 to 29, involved in a process of social and professional integration (minimum 25 hours a week must be spent at school or work, in some cases in a structured social insertion program). The safe housing and the support assists the residents to remain in school, maintain employment, establish personal support systems and learn daily living skills. A housing worker facilitates regular group meetings with the tenants, in addition to providing individual assistance when needed. The average stay is between 6 and 12 months. Limited follow-up services are provided once the young people leave the program.

Contact:
François Villemure
4840 Ste-Catherine St. E., Montreal, Quebec , H1V 1Z6
Phone: (514) 256-8743
Email: francois@lavenue.qc.ca

L'Arrêt-Source, Montreal

Founded fifteen years ago, L'Arrêt-Source provides three stages of transition housing to 18 young women, aged 18 to 30, experiencing various problems (addiction, family violence, homelessness). Women with addictions must have abstained for at least three months prior to entering the program. In the first stage of the program, the length of stay is from three months to a year. Nine residents live together, sharing the tasks of daily living. Staff on the premises offer support and guidance. The residents must be involved in employment, education or volunteer activities for at least 20 hours a week; In the second stage, two or three women share an apartment managed by L'Arrêt-Source, but the support staff is off site. This stage is limited to one year. In the third stage, women have their own apartment with follow-up support as needed.

Contact:
Johanne Rome, Co-ordinator; Andrée Fagnan, Director
10249 Christophe-Colomb Street, Montreal, Quebec, H2C 2T8
Phone: (514) 383-2335

La Maison Grise, Montreal

Founded in 1990, la Maison Grise de Montreal offers 11 supervised studios in one building. The residents are women from 30 to 55, with problems of social dysfunction, addiction, or experiences of abuse as well as mental health problems. There is a housing worker on the premises for assistance and guidance. The women must be able to cope with daily living (preparing food, hygiene, etc) and be in the process of regaining more autonomy in their lives. Women with addictions must have been sober for six months. Referral is through community organizations or institutions. The length of stay varies from three to 24 months, with the majority of residents staying between 10 and 12 months.

Contact:
Suzanne Ducharme
Undisclosed address
Phone: (514) 722-0009

Appartements supervisés Augustine Gonzalez, Montreal

Founded in 1998, this organization offers services to young women, aged 16 to 22, who are in their first pregnancy. It is targeted to low-income women living in or around the neighbourhood known as La Petite Patrie. There are 9 supervised apartments, each for one woman and her child. The length of stay is 18 months, and the majority of residents do stay for at least one year. The residents have weekly meetings with their housing worker (at the office) as well as home visits. The focus of the program is on providing a safe environment for a healthy pregnancy and delivery, assisting women in developing their parenting skills, and raising a healthy baby. Support, referrals, accompaniment, and counselling are provided. The women pay rent that is geared to income.

The organization also has two longer-term apartments for women who need further support for achieving their personal goals (e.g. school, training, work). A resident must enter into an agreement, which states specific goals and the means to reach them. The length of stay depends on the individual plan and the tenancy is reassessed each year. (See Case Study section for further information).

Contact:
Josiane Robert, intervenante responsable
6869, rue Papineau, bureau 316, Montreal, Quebec, H2G 2X5
Phone: (514) 722-1125

Foyer des jeunes travailleurs et travailleuses de Montreal Inc – FJTM

Since 1993, the Foyer has offered services to young men and women, aged 16 to 25, who are homeless or at risk of becoming homeless. In 2002, it added nine new apartments to the existing 21. Approximately half of the residents are from Montreal (an increase due to lack of affordable housing), 45 % are from other regions of the province, and 5 % are from other countries. The mission of the Foyer is to facilitate social integration through employment, education, and life skills. The residents must establish personal goals and develop a plan to achieve them within 24 months. They must also agree to be supervised and to share activities and responsibilities with other residents. The average stay is between four and six months. Individual units are located in one building along with common areas (living room, dining room, and kitchen), a job center equipped with a computer, and laundry facilities. 24-hour staff monitor the resident's progress with their individual plans, offer vocational guidance, support residents in finding and keeping a job or in going and staying in school/training. Activities include group meetings, information sessions on health, employment, finances, and computer training, participation in managing the home through membership in the resident's committee or the board of directors, as well as socio-cultural programs and sports.

Contact:
Jeannine Rouja, Director; Karine Jalbert, Information Officer
2630 Davidson Street, room 110, Montreal, Quebec, H1W 2Z2
Phone: (514) 522-3198
Email: info@fjttm.org

Maison Oxygène/Maison Claude Hardy, Montreal

Founded in 1987, la Maison Oxygène offers a home setting, located inside a family services centre, for men who are experiencing various difficulties with their families. Priority is given to fathers with children. The service was created as a way to prevent family homelessness and / or unnecessary placement of children. The residents are generally admitted after a separation, although there are also some fathers who have been parenting alone but experience a crisis that puts them at risk of losing their children. The Maison Oxygène can accommodate five fathers and their children. Stays range from a few days to 14 months although a typical stay is approximately three months. The average age of the fathers is 32. The organization has noticed an increase in the number of immigrants needing the service (currently 15% of the total population), perhaps due to the lack of support networks. The location of the service inside a family service centre facilitates access to various resources and supports.

During the first stage of the program, a resident establishes a plan with the help of the staff, in order to address parenting skills and other issues according to the circumstances of the father. La Maison Hardy, established in 2000, offers shared housing to two fathers and their children. The family service centre continues to provide support. The organization is working on expanding this phase of the program.

Contact:
Yvon Lemay
3575 Lafontaine Street, Montreal, Quebec
Phone: (514) 523-9283

Ontario

Kingston Home Base Non-Profit Housing Inc.

Kingston Home Base Non-Profit, which opened in 1994, has a portfolio of transitional housing that includes four houses and an apartment unit, which provides accommodation for 22 residents. All of the housing is geared towards youth, aged 16 to 24, who are wanting to make changes in their lives. A high-support house with 24-hour staffing provides accommodation for one to four months. Youth may then move on to one of the other houses which have less intensive staffing (weekdays or as needed) and where the stay is six months to one year. Longer-term housing is available in a two-bedroom apartment. Youth are referred from a variety of sources. They may have been in care, living in shelters, leaving unhealthy family situations, or surviving on the streets. Although youth up to age 24 are accepted, the average age is 17 years. Youth in the program must be in school, working or engaged in a volunteer activity. Staff work with the youth to assist them in gaining life and social skills so that they may live independently.

Contact:
Carol Chafe, Program Manager
417 Bagot Street, Kingston, Ontario, K7K 3C1
Phone: (613) 542-6672

Bertrand House, Ottawa

Bertrand House, a transitional house for women who have completed a recognized treatment program for drug and alcohol abuse, is operated by the organization Serenity House Inc. Bertrand House, which has been open for ten years, offers accommodation to eight women. Residents must be over the age of 18 although most tend to be older (33 is the average age). The women may stay up to eighteen months although most find long-term accommodation after one year. The program promotes a healing process that builds on existing supports the women have developed within the community. Emphasis is placed on mutual support among the women.

Contact:
Barb Gilles, Serenity House, Inc.
2386 Alta Vista Drive, Ottawa, Ontario, K1H 7N1
Phone: (613) 731-2959

Billy's House of Transition, Ottawa

Billy's House of Transition opened in November of 1988 to men 18 to 65 years of age (most are between 35 and 45). The House can accommodate up to ten men who are recovering alcoholics or drug addicts who have been sober or drug free for at least 4 months. Residents may stay up to 12 months providing they follow through with the contracts they have written for themselves and for the house. Part of the contract involves remaining drug and alcohol free, obtaining paid work or attending school, and participating in weekly house meetings. The average stay is six months. 264 residents have used Billy's House of Transition since it opened. A waiting list is maintained for the program.

Contact:
Sam Bell
3299 Riverside Drive, Ottawa, Ontario, K1V 8N9
Phone: (613) 739-3844

Empathy House, Ottawa

Empathy House offers two transitional housing options to women over 18 who are graduates of intensive residential treatment programs for drug and alcohol dependency. The Glencairn Supportive Residence, which opened in 1990, can accommodate eight women, while the Grove Supportive Residence, which opened in 1978, accommodates four women. To date, approximately 250 women have used the supportive residences. There is no limit on the length of stay, although the average is one year. Residents are expected to attend Alcoholics Anonymous and/or Narcotics Anonymous regularly as well as attend school, work, or undertake a volunteer activity for 20 hours a week. Residents also participate in weekly peer support meetings. For those who wish to stay connected to Empathy House an alumni list is maintained.

Contact:
Elaine Elmhirst
360 Sunnyside Avenue, Ottawa, Ontario, K1S OS4
Phone: (613) 730-7319
Email: empathy@ncf.ca
Internet: www.ncf.ca/empathyh@ncf.ca

Ottawa Mennonite Church

The Ottawa Mennonite Church has purchased three townhouses, which they use to provide transitional housing for sponsored refugee families. Priority is given to single mothers. The refugees may be sponsored by the Mennonite church or by another agency or institution. The sponsoring groups provide settlement assistance such as referrals to social service, translation services, English classes, etc. The Ottawa Mennonite Refugee Association (OMRA) Housing Corporation was formed to administer the properties. The houses are rented at rates that are based on the shelter portion of social assistance. Additional costs are born by OMRA, which receives funding from a variety of sources, including Loblaws (through food coupons). Tenants must be on the Ottawa City Housing Registry. OMRA is a completely volunteer operated organization.

Contact:
Ed Schmidt, c/o Ottawa Mennonite Church
1830 Kilbourn Ave., Ottawa, Ontario, K1H 6N4
Phone: (613) 733-6729

Pigiarvik House, Ottawa

Pigiarvik House, which opened in July 2001, is the first transitional housing project in Ontario for Inuit women who are homeless. It is owned and operated by Tungasuvvingat Inuit (an Ottawa based organization for Inuit in Ontario) and the Non-Profit Inuit Housing Corporation. Pigiarvik is located in a ten-bedroom house in the downtown area of the City. Originally opened to both male and female residents, it now offers accommodation to ten women aged 16 and over. No drugs or alcohol are allowed in the facility. Residents may stay for a maximum of two years although the majority remain for approximately one year. Women may have their children stay with them on visits. Women in the program must be working on specific goals. On-site counselling is available.

Contact:
234 Lebreton St., Ottawa, Ontario
Phone: (613) 569-2442; (867) 979-5357 (Iqaluit, Nunavut)
Email: pigiarvikhouse@bellnet.ca

Amelie House, Toronto

Amelie House, operated by St. Vincent de Paul Society, provides transitional housing to single women, 18 and over, who have been homeless or at risk of homelessness. The program opened as an emergency shelter in 1998 and changed to become transitional housing a year later. Women may stay up to two years in the program. They must be working towards independent living in the community and involved in school, training programs or employment. Amelie House is located in a large brick building (that was originally a fire station) in the east-end of Toronto. There are 20 beds in single, double and triple rooms.

Contact:
Eyitayo Dada
126 Pape Ave., Toronto, Ontario, M4M 2V8
Phone: (416) 465-0475

Beatrice House, Toronto

Beatrice House offers accommodation to 60 women and their children. The women must be interested in completing their education and/or taking training to enter or reenter the workforce and committed to developing their parenting skills. A day-care is provided on site. Residents much set particular goals for themselves and participate in programs during their stay in the residence. (See Case Study section for further information). In 2001, Beatrice House received $486,000 through CMHC's Shelter Enhancement Program.

Contact:
Kim Fraser, Interim Executive Director
177 Caledonia Road, Toronto, Ontario, M6E 4S8
Phone: (416) 652-0077 ext. 225

Bellwoods Centre for Community Living, Toronto

Bellwoods Centre for Community Living operates a transitional housing program for persons with physical disabilities aged 16 and over to assist them in preparing for independent living. The wheel-chair accessible low-rise apartment building has 32 bachelor and one-bedroom apartments. The average stay is 12 to 18 months. 24-hour support is available.

Contact:
Susan Andrew, Director
300 Shaw St., Toronto, Ontario, M6J 2X2

Bellwoods House, Toronto

Bellwoods House, a heritage house in Toronto's west-end, is operated by the City of Toronto's Women's Residence, a shelter for single women. Bellwoods provides transitional housing for ten single women who have been homeless for extended periods of time and who have been long term users of the Toronto hostel system. All referrals are through Women's Residence. The 24-hour staff provide meals, case management, health care support, and life skills assistance. Women are not required to participate in programs; however, they are encouraged to access community resources. Most women are over 50. The length of stay is flexible according to individual needs, although the average stay is two years. The program has been operating since 1997. In 1999, Bellwoods House received $63,405 from CMHC under the Roominghouse RRAP program.

Contact:
Germet Levene, Program Co-ordinator
63 Bellwoods Street, Toronto, Ontario, M6J 3N4
Phone: (416) 392-5790

Birchmount Residence, Toronto

Birchmount provides accommodation for up to 56 single men, aged 55 and over, who have been homeless and/or lived in the hostel system for extended periods of time (one year or more). Men 50 to 55 who are in poor health and in the hostel system are also accepted. The average age is 65, although also some residents are in their 70s and 80s. Many of the men are alcoholics and/or have mental illness. In addition, many are heavy smokers and suffer from a variety of physical ailments. Referrals are made through the City of Toronto's Seaton House, a shelter for single men.

Birchmount is located in a former nursing home. Most rooms are shared and meals are provided. Staff are available one 24-hour basis to provide case management, community referrals and aftercare. The length of stay is flexible. Most men stay between six months and two years and although some who have been institutionalized in the hostel system choose to stay longer. The men typically move from Birchmount into seniors housing, supportive housing or nursing homes. Some have returned after being housed elsewhere. In some circumstances, Birchmount will offer palliative care to men who do not wish to move to a hospital setting. In such instances, nursing staff from a Community Care Access Centre offer additional support.

The local community, which was initially very opposed to the project, now supports Birchmount in a variety of ways. Volunteers from the community organize bingo nights and special events and sit on a Community Advisory Board. Local churches and community centres offer gym facilities and meeting space. Since opening in November 1999, 140 men have used the facility – 97 have been discharged and 43 are current residents. The program is not accepting new referrals until renovations are completed.

Contact:
Dan Anstead, Program Supervisor
1673 Kingston Road, Toronto, Ontario, MIN 1S6
Phone: (416) 392-5796

Covenant House, Toronto

Covenant House operates a transitional housing program for young adults aged 18 to 22 who were residents of Covenant House emergency shelter or using their support services and who are working. There is a mandatory monthly savings program, which is refunded upon graduation from the program. Length of stay is up to one year.

Contact:
Ian Jones, Special Services
20 Gerrard St. East, Toronto, Ontario, M5B 2P3

Eva's Phoenix, Toronto

Eva's Phoenix provides transitional housing for 50 youth (male and female), aged 16 to 24, who have been homeless. All residents must be involved in an employment program or enrolled in school. A computer based training program is offered on site, as is a life skills program, although residents may choose to participate in off-site activities. Accommodation is shared and the length of stay is one year. The building, a converted warehouse, is wheelchair accessible. It is divided into ten houses with four to five single rooms in each, along with kitchen, bathroom and common space. Residents receive money to buy food as well as a personal needs allowance, which is funded through the City of Toronto (approximately $45 per week total). The youth cook for themselves and participate in a rent savings plan during their stay. In 1999, Eva's Phoenix received $600,000 in CMHC Roominghouse RRAP funding. It opened in 2000.

Contact:
Suganthy Grishnapillay, Site Manager
11 Ordinance Street, Toronto, Ontario, M6K 1A1
Phone: (416) 364-4716

Fife House, Toronto

Fife House has three shared houses for people with HIV/AIDS. Hastings House provides transitional housing for five men, women or transgendered individuals who are homeless or at risk of homelessness. Residents must be over the age of 16, although most tend to be between 30 and 50. Many have addictions and/or mental illness in addition to health problems related to HIV/AIDS. 24-hour staff assist the residents in working on individual goals, which could include accessing identification, finding a doctor, obtaining social assistance or getting into treatment. The program has adopted a harm reduction approach. There is no curfew in the house but residents are expected to share in the cooking and household chores. Length of stay in the program is nine months. Fife House also has two additional shared houses, which are considered permanent housing. Gladstone House is for women, and Denison House is mixed. Fife House also provides support services (12 hours a day) to an 82-unit apartment building, which is owned by the Toronto Community Housing Corporation (TCHC) and is designated for people with HIV/AIDS. Thus, residents of Hastings House often have the opportunity to move on to other housing within the Fife House portfolio. An outreach program for people with HIV/AIDS is also available in the community. Staff find that they there is a shortage of transitional housing for this population. Fife House has been open since 1988.

Contact:
Jason Zigelstein, Manger of Community Support
1801-415 Yonge Street, Toronto, Ontario, M5B 2E7
Phone: (416) 205-9888 ext. 35

Margaret Frazer House, Toronto

Margaret Frazer House offers accommodation to 11 single women, aged 18 to 64, who have experienced severe mental illness and homelessness or risk of homelessness. Funded through the Ministry of Health, Margaret Frazer House accepts referrals from psychiatric institutions, hostels, social service agencies, and self-referrals. Staff work with the women to locate and access appropriate daytime activities (school, employment training, volunteer activities, etc). Women living in the house contribute $564 per month for rent and food. Length of stay is flexible. Many women stay two years or more. Staff are available on a 24-hour basis to provide counselling, advocacy, life skills training and assistance in finding long-term housing. The House was opened in 1984.

Contact:
The Collective
301 Broadview Ave., Toronto, Ontario, M4M 2G8
Phone: (416) 463-1481
Email: frazer@lefca.com

Massey Centre for Women, Toronto

Massey Centre provides single room accommodation, education and training programs and supports to young pregnant women who live in 27 self-contained apartments and townhouses (one accessible unit) to single-mothers and their children. The women must have been residents at the Massey Centre immediately before and after their pregnancy. Residents receive support with parenting and life skills from Massey Centre staff while they are staying in the apartments. A Parent Child Resource Centre is also available on site with parent relief, a clothing exchange, parenting workshops, a toy library and parenting resource library. The stay in the apartments or townhouses is limited to six months after which the women and children must seek housing in the community.

Contact:
Nancy Peters, Executive Director
1102 Broadview Ave., Toronto, Ontario, M4K 2S5
Phone: (416) 425-6348 ext. 222

Native Child and Family Services of Toronto

Native Child and Family Services of Toronto offers a number of services to Aboriginal youth and families including a 12-bed transitional housing program for young men between the ages of 16 and 24 who have undergone treatment for alcohol and/or drug addiction and/or attended an anger management program. A live-in mentor provides culturally sensitive support and assistance in finding employment, and long-term accommodation. Maximum stay in the program is 18 months. (See Case Study section for further information)

Contact:
Jamie Toguri, Manager
558 Bathurst St., Toronto, Ontario, M5S 2P9
Phone: (416) 969-8510

Romero House, Toronto

Romero House provides transitional housing that can accommodate approximately 35 refugee claimants in four different houses. (One house is wheelchair accessible.) Up to three families and some singles reside in each house. Families are generally given priority. Volunteer staff speak a variety of languages and provide assistance with health care, school enrollment, housing, legal problems, and follow-up. Residents are assisted to obtain welfare and the project is rent-geared to income. Many residents are enrolled in English as a Second Language classes, although there are no requirements for residents to be involved in programs. The average stay is eight to twelve months. (See Case Study section for further information.)

Contact:
Mary Jo Leddy, Director
1558 Bloor Street West, Toronto, Ontario, M6P 1A4
Phone: (416) 763-1303
Email: romerohouse@bellnet.ca
Website: www.romerohouse.org

Sancta Maria House, Toronto

Sancta Maria House operates two transitional housing programs. Sancta Maria House, which was established in 1961, accommodates seven young women between the ages of 16 and 18 (up to the 19th birthday) who are attending school or working. They may stay in the program up to one-year. There is 24-hour staffing and after-care is offered as needed. Quinn House opened in 1988 to provide more independent living to women aged 18 to 22. Tenants pay rent, purchase and cook their own food. Most are on 'student' welfare, the Ontario Student Assistance Program (OSAP) and/or working. Approximately half the residents come from Sancta Maria House. They may stay for a year to two years.

Contact:
Patricia Cooper, Executive Director
102 Bernard Avenue, Toronto, Ontario, M5R 1R9
Phone: (416) 925-7333
Email: sancta@lefca.com

The School House, Toronto

The School House (located in an old wooden school-house in downtown Toronto) is operated by Dixon Hall an inner city social service agency. The School House provides housing for 55 single men, the majority of whom have addictions. Although there are no age restrictions, most of the men are between 40 and 55 and many of them have lived in the hostel system for extended periods. Beer is allowed on the premises and residents are allowed to consume a set amount of alcohol each day. Four dormitory rooms accommodate between ten and 17 men each. There is no kitchen although the residents may heat up food in a microwave over. Many of the men have temporary jobs or part-time employment. Residents are charged $6 per night. Length of stay is flexible, with average stays ranging between one and two years. Most of current residents (71%) have been at the School House for more than one year. Two housing workers assist the men in accessing long term supportive housing, subsidized housing, or housing on the private market. Dixon Hall, an inner city community centre, has operated the School House since 1999. Prior to this date it was run by the City of Toronto. In 1999, The School House received $228,373 in CMHC Roominghouse RRAP funding.

Contact:
Glen Gifford, Manager
349 George St., Toronto, Ontario, M5A 2N2
Phone: (416) 960-9240

Strachan House, Toronto

Strachan House, operated by Homes First Society, offers transitional and long-term housing to single men and women over the age of 18, the majority of whom have experienced homelessness. In 1996, a large old warehouse in Toronto's west-end was renovated to provide 72 individual rooms with shared kitchen, washroom and common space. A Town Council elected by the tenants works with staff to manage and operate the building. Rent is set according to the shelter portion of social assistance. While there is no set length of stay, many people move on to independent housing in the community after a few years at Strachan House.

Contact:
Kate Stark, Executive Director, Homes First Society
805 A Wellington St. West, Toronto, Ontario, M5V 1G3
Phone: (416) 395 -0903

Toronto Recovery Spadina House

Toronto Recovery Spadina House offers transitional housing to 24 men, aged 18 to 55 (although most are over 30), with addictions who have completed drug or alcohol treatment programs. The men are required to have specific goals and they must work or look for work while they are staying at Spadina House. They must contribute something towards rent and they may stay up to a year. The House is very large with 24 single rooms and shared common areas. 24-hour staff provide support and assist the men in finding independent accommodation after their time in the program. The program was started in August 1998.

Contact:
Ralph Shepherd, Director
578 Spadina Ave., Toronto, Ontario, M5S 2H2
Phone: (416) 928-7431

Manitoba

Lazarus Housing, Winnipeg

Lazarus Housing is the non-profit arm of New Life Ministries which purchases and renovates buildings that are then operated by New Life Ministries. The housing portfolio includes one rooming house and six buildings with self-contained units. There are a total of 90 units of transitional housing for single adults and families, ranging in age from adolescents to seniors (average age is mid-30s). Lazarus Housing defines people in transition as those committed to making changes. This includes, among others, single parents, people with mental illness, people leaving prison or drug treatment programs, and students. Residents are expected to maintain contact with their community supports and to live by the house/building rules. A half-time counselling/support worker and "relational caretakers" are available to provide support. Families are accommodated in one and two bedroom units. The organization was established in 1998.

Contact:
Harry Lihotsky
514 Maryland Street, Winnipeg, Manitoba, R3G IM5
Phone: (204) 775-4929
Website: www.geocities.com

Behavioural Health Foundation, Winnipeg

Eight transitional housing units (in town-house units) provide a safe environment for people who have completed or are enrolled in a substance abuse treatment program operated by the Behavioural Health Foundation. The program began with three units in 2000 and added another five in 2001. Six of the townhouses accommodate families, one is for single women and one is for single men, with a total capacity of about 22 individuals. Residents pay room and board and are expected to be employed, in school or participating in a program. The average age of participants is between 25 and 30 and all residents must be over the age of 18. There is no maximum length of stay although the average is one to two years. The Behavioural Foundation also offers a 90-day treatment program in a large facility that accommodates 100 people. Most of the transitional housing residents have been through this program.

Contact:
Jean Doucha
35 De La Digue Ave., Box 250, St. Norbert, Manitoba, R3V 1L6
Phone: (204) 269-3430

Ten Ten Sinclair Housing, Winnipeg

Ten Ten Sinclair Housing was established in 1975, "to promote and support the independent living of people with physical disabilities by helping them assume maximum control over their environment and lifestyle." The organization operates a 75-unit apartment complex, situated on 2.5 acres of land at 1010 Sinclair St. It serves men and women with a variety of disabilities from spinal cord injuries to neurological diseases. Individualized support plans may include work with attendant staff, occupational therapy, life skills and daily living, counselling, and peer support. Two to three years is the anticipated length of stay although some individuals have lived at Ten Ten Sinclair up to five years. Most tenants are between 18 and 40. Ten Ten Sinclair also has an accessible garden that enables people to perform all aspects of gardening from a seated position.

Contact:
Don Ament
1010 Sinclair Street, Winnipeg, Manitoba, R2V 3H7
Phone: (204) 339-9268 ext. 226

Saskatchewan

Falconer Crescent, Saskatoon

The Saskatoon Housing Coalition operates Falconer Crescent, a transitional home for five single men and women who are moving out of acute care psychiatric facilities and whose goal is to access long-term supportive housing or independent housing in the community. The program has been operating since 1991. Residents, who must be over the age of 18, are encouraged to be in a program. 24-hour staff assist residents with life skills and referrals to vocational programs and needed resources. The average length of stay is eight months. In some cases, residents may move on to independent living in one of three apartment buildings owned and operated by the Saskatoon Housing Coalition.

Contact:
Jo-Ann Coleman Pidskalny, Executive Director, Saskatoon Housing Coalition
3rd Floor, Nurses Residence, 1702-20th Street West , Saskatoon, Saskatchewan, S7M 0Z9

Infinity House, Saskatoon

Infinity House, which opened in March 2002, is a 12-unit apartment block that provides 15 fully furnished self contained suites for Aboriginal single-mothers (18 and up) and their children (a maximum of three children under 16). The women are homeless or at risk of becoming homeless due to eviction, domestic violence or relocation from a reserve. 24-hour staffing is provided in the apartment building. There are two Intervention Workers who develop individualized case plans with the mothers to address problems related to addictions, abuse, education, and employment. The women may stay up to three years. The rent of $450 is covered by social services. Most of the residents are between the ages of 22 and 25. The Central Urban Metis Federation Inc. (CUMFI) also operates an emergency shelter where women may stay for up to eight days. Some of the women from the shelter are referred to Infinity House.

Contact:
Trinia La Rose, Central Urban Metis Federation Inc. (CUMFI)
127 Avenue Q South, Saskatoon, Saskatchewan
Phone: (306) 955-2332

YWCA, Saskatoon

In 1984, the YWCA in Saskatoon set aside 18 rooms for women needing transitional or long-term housing. Women, aged 18 and up, rent rooms with shared kitchen and bathroom facilities for $285 per month. The building provides accommodation to a range of residents from students to senior citizens on fixed incomes. Women in the housing must be involved in some type of outside activity. 24-hour counselling staff provide support to an emergency shelter located in the same building as well as to the transitional housing residents.

Contact:
Susan Saville, Director, YWCA Shelter
510-25th Street East, Saskatoon, Saskatchewan, S7K 4A7

Alberta

Centre of Hope, Calgary

The Centre of Hope is an eight-story building in Calgary operated by the Salvation Army. It provides 293 emergency beds and 152 transitional beds for men as well as 20 emergency beds and four transitional beds for women. Residents in the emergency shelter beds may move into the transitional section after one or two months if they have shown an indication that they are willing to work on finding employment or accessing needed resources. The transitional unit has both shared and private rooms which rent for $300 per month. People may stay in the transitional units up to four months. A resource counsellor is available to assist residents in accessing community resources including permanent housing. A Community Access program, which is also offered on-site, helps people to obtain employment. The Salvation Army has been offering services in Calgary for over 100 years.

Contact:
Evelyn Vanderschaeghe
420 – 9 Ave. SE, Calgary, Alberta, T2G 0R9
Phone: (403) 410-1111

Margaret Chisholm Resettlement Centre, Calgary

The Calgary Catholic Immigration Society operates the Margaret Chisholm Resettlement Centre for new immigrants and refugees. The centre offers 2 one-bedroom apartments, 3 three-bedroom apartments and five clusters of rooms with five rooms in each cluster. The apartments are rented to independent immigrants who typically stay for seven or eight months. Convention refugees (sponsored by the government) are accommodated at no charge in the clusters, which can be used to house families or individuals. Residents are assisted with a variety of resettlement issues and services are available in 45 languages. Most convention refugees are settled within three weeks. The program, which began seven years ago, serves approximately 300 people (70 to 90 families) per year.

Contact:
Zeljko Drajicevic
23 MacDougall Court North East, Calgary, Alberta, T2E 8R3
Phone: (403) 262-8132

Mary Dover House, Calgary

The YWCA Calgary operates Mary Dover House, which offers rooms to single women experiencing a crisis or a transition in their lives. Maximum stay is six months. Cost is dependent upon resident income and room availability. Counselling and advocacy services are also available women at the residence. The YWCA has provided accommodation to women in Calgary since 1910.

Contact:
YWCA
320 – 5th Ave. S.E., Calgary, Alberta
Phone: (403) 232-1599
Email: ywca@ywcaofcalgary.com

Mustard Seed Street Ministry, Calgary

Mustard Seed transitional housing was opened in the early 1990s to provide accommodation for single men and women wanting to work on addiction or mental health issues. It operates in a building that has 30 rooms on two floors. The rooms are grouped in threes and fours with shared bathroom and kitchen. There is a common lounge on each floor. Residents must pay a minimum of $120 per month in rent and meet weekly with a support worker who connects them to community resources. The maximum stay is two years. From April 2001 to March 2002, 63 people were supported through the transitional program. Mustard Seed also operates a homeless shelter with two dormitories, which accommodate six women and eight men for a three-week period. People who want more time to work on particular issues may move from the emergency shelter to the transitional housing.

Contact:
Adele Toews, Housing Supervisor
102-111 Ave. S.E., Calgary, Alberta, T2G 0X5
Phone: (403) 269-1319
Email: infor@theseed.ca
Website: www.theseed.ca

Servants Anonymous Society of Calgary

Servants Anonymous Society (SAS) of Calgary offers four distinct transitional housing/treatment programs for women aged 16 to 29 with addictions and who are at risk due to prostitution. The first stage of the program, the Light House, has three beds and is for people making a decision to address addiction issues. The length of stay is six to twelve months. Oasis, which also provides accommodation for six to twelve months, has three beds for those who wish to continue in the program. For mothers continuing in the program, Home Sweet Home (which has a nursery) provides accommodation for three adults and three children for a six to twelve month period. Light House, Oasis, and Home Sweet Home programs are all located in houses in the community. There is also an apartment complex with nine units for mothers (and some children) who may stay for up to 18 months. A 'second-stage housing" program has eight apartments which are available for three to five year periods, available for those who have graduated from an SAS program and are in school or working. Since opening in 1989, SAS has served between 350 to 400 women. More than 70% of them do not return to the street lifestyle, and most stay in the program between six and twelve months. SAS also operates a Safe House for street teens who are in a day program of some type. Three meals a day are provided to the teens. The length of stay is flexible.

Contact:
Andria Brumwell, Program Manager
Box 21066, Dominion Post Office, 665-8th Street S.W., Calgary, Alberta
Phone: (403) 237-8477

Amisk Housing Association, Edmonton

The Amisk Housing Association was established in 1989 to provide transitional and long-term supportive housing to a variety of Aboriginal groups — students, pregnant teens, women fleeing violence, seniors and families. Amisk owns an apartment building and a number of duplexes. Tenants must be low-income and of Aboriginal descent. Priority is given to students who are coming from the reserves to receive an education in Edmonton. Most tend to be single-mothers, 25 years of age and up, with children. There are ten one-bedroom units, ten two-bedroom units, and 76 units that are three bedrooms or larger in size. Rents are geared to income (25% of income). Although there is no time limit on tenancy, students find that when they finish their studies and obtain a job it is usually more economical for them to move than to pay market rent. Seniors tend to stay in the units on a long-term basis. Amisk recently received funding under the Urban Aboriginal component of the National Homelessness Initiative to purchase an additional four-plex and duplex as well as to build a ten-unit townhouse facility. The program operates in conjunction with two inner city agencies, Boyle Street Co-op and the Bissell Centre, which provide support services to the tenants. Amisk received more than $4,000,000 in RRAP funds for their various buildings as well as ongoing subsidies for many of their units.

Contact:
Cec Jones
16678-114 Ave., Edmonton, Alberta, TFM 3R8
Phone: (780) 452-6651

Crossroads Duplex, Edmonton

Crossroads offers a variety of programs for individuals involved in the sex trade. Their newest service is a transitional housing program for 15 transgendered and/or female individuals between the ages of 15 and 30 who are involved with or at risk of prostitution. The majority of women in the program are of Aboriginal ancestry and emphasis is placed on the provision of culturally appropriate services. Residents can access counselling, support, treatment, training and employment programs while living at the Crossroads houses. The transitional housing is unique in that it is located in two relocated and renovated bungalows provided by the Department of National Defense. (See Case Study Section for further information.) Each duplex received CMHC RRAP funding of $48,000, for a total of $96,000.

Contact:
Kourch Chan, Program Manager, Alex Taylor School
9321 Jasper Avenue, Edmonton, Alberta, T5H 3T7
Phone: (780) 474-7421
Web page: www.ecccc.org

Seniors Safe House, Edmonton

The Seniors Safe House in Edmonton is the only one of its kind in Canada. The organization has seven transitional apartment units located within a senior's complex in Edmonton. Seniors (male and female) who have been in abusive relationships with a spouse, children, grandchildren or other family members may stay in the Safe House for three to four months. Approximately 30% of the abused seniors are male. Each senior has their own furnished bachelor unit equipped with a telecare phone for emergencies or health related crisis. During their stay the seniors receive extensive support from the co-ordinator of the program as well as from volunteers so that they may access community supports and develop plans for living independently. Seniors in the program receive priority in obtaining permanent housing in the Edmonton seniors housing portfolio. The program began in December 1999 with one unit and as the demand has grown it has increased the number of units. (See Case Study section for additional details.)

Contact:
Bernice Sewell
Unpublished address
Phone: (780) 423-5510
Email: Bsewell@srsr-senir.com

British Columbia

Bantleman Court Housing Society, Vancouver

Bantleman Court Housing offers 15 one-bedroom apartments to youth aged 18 to 25 who are at risk of homelessness. The youth must have an outside support worker when they are admitted to the housing. Sobriety is a requirement and the residents must be attending training or apprenticeship programs. Length of stay is up to two years. The residents pay $350 per month for a 900 square foot apartment, within a two-storey building that surrounds a central courtyard. The Housing Manager and one of the more senior tenants provide assistance with building related problems.

Contact:
David Laing, Manager
Unit 102 – 600 Vernon Drive, Vancouver, British Columbia, V6A 3N5
Phone: (604) 255-8456

Florence Apartments, Powell Place, Vancouver

The Florence Apartments offer five one-bedroom apartment units to women with children who are experiencing crisis, violence, or eviction and those who have inadequate financial resources, are relocating to the City, and/or are making life changes. Women and their children stay between three and twelve moths. A support worker for the mothers and a youth worker for the children are available to the residents. The project has been operating since 1985.

Contact:
St. James Community Service Society
329 Powell St., Vancouver, British Columbia, V6A 1G5
Phone: (604) 606-0403

Lookout Emergency Aid Society, Vancouver

Lookout Emergency Aid has two transitional housing projects, one in Vancouver and one in New Westminster. Cliff Block Residence offers transitional housing to New Westminster adults lacking housing options. Sakura So Residence provides transitional housing for adults, particularly those leaving downtown Vancouver shelters. Staff in both projects assist residents with supportive counselling and referrals to appropriate community agencies. (See Case Study section for further information.)

Contact:
Karen O'Shannacery
429 Alexander Street, Vancouver, British Columbia, V6Z 1C6
Phone: (604) 255-0340
Email: info@lookoutsociety.bc.ca
Website: www.lookoutsociety.bc.ca

Pathways, New Westminster

The Elizabeth Fry Society of Greater Vancouver built Pathways in 1998 to provide housing for women involved with the criminal justice system and their children. There are nine units in an apartment building with communal laundry facilities, a lounge and a library. Pathways program provides a range of support services including counselling and employment readiness training. The maximum stay is 18 months. Social assistance housing rates cover operating expenses and the salary of a community liaison worker.

Contact:
Lynn Fletcher, Community Outreach Worker, Elizabeth Fry Society of Greater Vancouver
4th Floor – 402 East Columbia Street, New Westminster, British Columbia, V3L 3X1
Phone: (604) 520-1166

Princess Rooms, Vancouver

Triage Emergency Services and Care Society purchased the Princess Rooms in 2001 to provide an alternative to substandard SROs for clients with substance abuse or mental illness. The apartment building is located in the downtown east side. Triage attempts to stabilize the living conditions of its clients and work with them to develop a plan for the future. Staff assist residents to find appropriate treatment facilities and long-term housing. (See Case Study section for further information.)

Contact:
Laura Stannard
578 Powell Street, Vancouver, British Columbia, V6A 1H5
Phone: (604) 254-3731

Rights of Passage, Vancouver

In May 2002, Covenant House opened 44 bachelor units for youth aged 16 to 24, who had been living on the street. In addition to the individual units, communal space is also provided and the building is adjacent to a Community Service Centre for street youth. Residents of Rights of Passage must be in a program or working during the day. The maximum length of stay is two years. Funding was provided through the Shelter Enhancement Program.

Contact:
Michelle Clausius, Covenant House
575 Drake St., Vancouver, British Columbia, V6B 4K8

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Endnotes

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[i] SCPI was introduced in December 1999 as part of the National Homelessness Initiative to provide shelter and supports for homeless people. CMHC's SEP funds repairs and construction of new shelters and second stage housing for victims of family violence. CMHC's RRAP funding is used to bring existing housing, including some types of transitional housing, up to basic health and safety standards. Both SEP and RRAP received additional funding and enhancements as part of the National Homelessness Initiative.

[ii] In Toronto alone, 561 new units of transitional housing were developed with SCPI funding from 1999 to 2003 (City of Toronto 2003).

[iii] U.S. transitional housing programs rarely have lengths of stay longer than two years, which is the maximum period for HUD funding, but service providers have observed that some people require more time to deal with their problems and be able to function independently (Nesselbuch 1998).

[iv] The objective of second-stage housing is to assure personal safety and security for its residents and support them in dealing with the effects of family violence and making changes in their lives. It provides women with an adjustment period and support services, including arranging legal matters of separation, custody, and support payments, assistance with upgrading their job training and finding employment, and improving their financial situation. There were 68 second-stage housing projects in Canada in 1996 (SPR 1997). As an extension of the family violence shelter system (i.e., first-stage), capital costs for second-stage housing are funded through the federal government's Family Violence Initiative and Shelter Enhancement Program (CMHC). Most, but apparently not all, second-stage housing projects receive provincial / territorial funding for operating costs and support services. Other sources of revenue are rent and fundraising.

[v] The voluntary Sector Evaluation Research Project (VSERP) is a partnership between Carleton University and several national voluntary sector organizations whose goal is to improve the capacity of community-based organizations to evaluate their work and communicate effectiveness to funders, stakeholders and the public. The Project is developing a website that will include evaluation resources (www.vserp.ca).

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